FORM SP-500

Surrogate Parent Service

Continuation Option at Age 18

Once a student reaches 18 years of age, rights accorded to parents under IDEA transfer to the student. CFR 300.520(a)(1)(i), CGS 10-76a(13). Students are eligible for surrogate parent services until they graduate high school or until the end of the school year in which they turn 21 (CFR 300.520(a) and (b), RCSA 10-94j-7, RCSA 10-76d-1(a)(7)), whichever comes first, whether or not they are continuing to receive services from DCF.

Student Name: _____ Date of Birth: _____

Address: _____

_____

Phone/s: _____ _____

E-mail: _____

Current Surrogate Parent contact information:

Name: _____

Phone: _____

E-mail: _____

I, _____ attained the age of 18 on _____

Print Name of Student **Birthdate**

_____ **I choose to retain the services of a surrogate parent until I graduate or become ineligible. I authorize the surrogate parent to do the following and I understand I may change my mind and withdraw consent at any time (initial all that apply):**

_____ **to advise me regarding educational matters;**

_____ **to review and obtain educational records on my behalf;**

_____ **to advocate for me in all educational matters and forums, including attending PPTs, filing educational complaints, filing for mediation and due process;**

_____ **to consent to evaluations on my behalf;**

_____ **I choose to terminate surrogate parent services as of _____ (date).**

I understand that if I change my mind before I graduate, I can have a surrogate parent reassigned by contacting the Surrogate Parent Office by phone (860) 713-6910 or by e-mail at surrogate.office@ct.gov.

I have been provided a copy of this completed form, it has been explained to me to my satisfaction by my surrogate parent, and I agree to let my surrogate parent know if my address or other contact information changes for as long as they assist or advise me.

_____ _____

Signature of Student **Date**