



**Frank Edelblut**  
Commissioner

**Christine M. Brennan**  
Deputy Commissioner

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF EDUCATION  
101 Pleasant Street  
Concord, NH 03301  
TEL. (603) 271-3495  
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## New Hampshire Volunteer Educational Surrogate Parent Certification Application

<b>Name:</b>		<b>Today's Date:</b>	
<b>Mailing Address:</b>			
<b>Residence (if different):</b>			
<b>Telephone Home:</b>		<b>Cell Phone:</b>	
<b>Email Address:</b>			
<b>Date of Birth:</b>		<b>NH Citizen:</b>	<b>Yes ( ) No ( )</b>
<b>Other Languages you fluently speak:</b>			
<b>Employer Name/ Occupation:</b>			
<b>Are You a Foster Parent?</b>	<b>Yes ( ) No ( )</b>	<b>Do you have child(ren) with disabilities?</b>	<b>Yes ( ) No ( )</b>
<b>If yes, please describe the disability(s):</b>			

<b>If you have any experiences with children or youth, including special interests, organizations, affiliations, please describe in box below?</b>	
<b>Please describe in the box below any experiences you have with students with disabilities or educational systems which will assist you as an educational surrogate parent in box below:</b>	
<b>Please describe in the box below why you would like to be a surrogate parent:</b>	
<b>How did you learn about the Surrogate Parent Program?</b>	

<b>Are you willing to attend the 9 hour training program? Yes ( ) No ( )</b>	
<b>Are you available to attend daytime meetings for assigned students? Yes ( ) No ( )</b>	
<b>Do you have any preference or exceptions regarding assignment to a student with a specific educational disability (answer in box below)?</b>	
<b>Do you have any preference or exceptions regarding the assignment to a child in a particular geographic area (answer in box below)?</b>	
<b>Are you willing to serve as a surrogate parent for more than one child at a time? Yes ( ) No ( )</b>	
<b>If yes, how many?</b>	
<b>If applicable, please indicate the names of particular students to whom you would like to be assigned as a surrogate parent.</b>	

**Any additional comments, questions or concerns? (Answer in box below).**

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Please list four references we could contact (other than relatives). Include complete addresses with zip codes, as your application cannot be processed without it.

<b>Name:</b>	
<b>Relationship:</b>	
<b>Address:</b>	
<b>Telephone:</b>	
<b>Email:</b>	

<b>Name:</b>	
<b>Relationship:</b>	
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<b>Telephone:</b>	
<b>Email:</b>	

<b>Name:</b>	
<b>Relationship:</b>	
<b>Address:</b>	
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<b>Email:</b>	
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<b>Name:</b>	
<b>Relationship:</b>	
<b>Address:</b>	
<b>Telephone:</b>	
<b>Email:</b>	

For more information or if you have any questions, please contact:  
Jen Doris, Program Coordinator  
(603) 271-3750  
[Jennifer.doris@doe.nh.gov](mailto:Jennifer.doris@doe.nh.gov)

## **EDUCATIONAL SURROGATE PARENT PROGRAM**

### **Certification Willingness Statement**

My signature below indicates my willingness to be registered as an Educational Surrogate Parent with the NH Department of Education. I agree to abide by state and federal regulations regarding Surrogate Parents, and to act in the best interest of any student to whom I am assigned.

#### **REQUIREMENTS OF AN EDUCATIONAL SURROGATE PARENT:**

1. I understand that I cannot have any interests that conflict with the interests of the student I represent.
2. I understand that I must have the knowledge and skills that insure appropriate representation of the student I represent.
3. I cannot be an employee of a public agency involved in the care or education of the student I represent.
4. I will become personally and thoroughly acquainted with the student's educational needs, and see that these needs are served for any and every student to whom I am appointed.

#### **RESPONSIBILITIES OF AN EDUCATIONAL SURROGATE PARENT:**

1. I agree to become familiar with the materials for Educational Surrogate Parents and successfully complete the NH DOE Educational Surrogate Parent Program Certification Test.
2. I agree to learn about the student's needs through personal meetings with the student, his/her social worker, foster parent or primary caretaker, where appropriate.
3. I agree to become familiar with the student's educational history by meeting with his/her teacher(s) and other school staff, and by reviewing his/her educational records.
4. I agree to attend team meetings when the student's school program is planned.
5. I agree to review the student's program and progress periodically throughout the year.
6. I agree to initiate complaint, due process appeal procedures and/or alternative dispute resolution (including mediation and/or neutral conference) when necessary to assure that the student/child receives a free appropriate public education. I agree to utilize the least adversarial approach when appropriate to the situation.

#### **CONFIDENTIALITY ASSURANCE:**

I accept the privilege to have access to pertinent educational records with an understanding of the confidentiality of the materials therein. I shall share this information only with those people I believe important to the discussion and provision of a free appropriate public education for the student to whom I am appointed. I fully understand that access to these records and knowledge of the material in them is only for the purpose of developing and assuring the student a free appropriate public education and implementing and maintaining a student's Individual Education Program. Given the principle that every citizen has the right to privacy, I further understand that the information I obtain about the student is to be considered personal and private, and should in no way be used in a prejudicial or judgmental manner.

#### **ASSIGNMENT AND TERMINATION OR RESIGNATION:**

If and when I am appointed to serve as an Educational Surrogate Parent for a student, I agree to serve until my appointment is formally terminated, the student turns 18 years old or no longer requires an Educational Surrogate Parent, or 30 days after I have notified the Commissioner of Education or his/her designee of my wish to resign.

\_\_\_\_ I understand that successful completion of the certification test is only a part of the certificate process. I further understand and agree that I in order to retain my appointment **must complete the training program provided by the Educational Surrogate Parent Program within 6 months of signing this document.**

\_\_\_\_ I DO wish to accept the appointment to be an NHDOE Educational Surrogate.

Signature

Date