

Frank Edelblut
Commissioner



Christine M. Brennan
Deputy Commissioner

STATE OF NEW HAMPSHIRE
DEPARTMENT OF EDUCATION
25 Hall Street
Concord, NH 03301
TEL. (603) 271-3495
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Greetings,

The Educational Surrogate Parent Training Program is offered by the New Hampshire Department of Education and has given your name as a reference. This program provides training to individuals who will volunteer their time to serve as Educational Surrogate Parents by representing children with disabilities who are wards of the state, whose parents are unknown or unavailable, or when a court has issued a written order for a surrogate parent. Responsibilities include reviewing the student's school records, attending meetings regarding the student's educational services, and approving or disapproving team recommendations concerning testing, educational programs and placements. The program consists of 9 hours of training, and trainees are expected to attend all sessions.

Educational Surrogate Parents are NOT responsible for any financial costs or direct care of the student they are assigned to represent.

Please answer the following questions concerning the applicant and return to:

Program Coordinator,
Educational Surrogate Parent Program,
New Hampshire Department of Education,
25 Hall Street, Concord, NH 03301
danielle.pelletier@doe.nh.gov

Applicant Name:

Your Name (Please print):

How long have you known the applicant?

What is your relationship to the applicant?

Have you observed the applicant with children in work or play situations? _____ If so,

How did the applicant relate to children?

Would you trust the applicant with your own children?

Do you believe the applicant will fulfill his/her commitment to the program and his/her assigned student for at least a year?

Please give a two or three sentence summation of the characteristics you have observed in the applicant which would make him/her a good Educational Surrogate Parent.

Do you know of any conflict of interest which could prevent this individual from operating in the best interest of a student with educational disabilities?

Please rate the following personal characteristics of the applicant

| | Low | | | | | | | | | High |
|----------------|------------|---|---|---|---|---|---|---|---|-------------|
| Maturity | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Sensitivity | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Reliability | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Tolerance | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Compassion | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Tact | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Responsibility | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Assertiveness | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Honesty | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Common Sense | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Verbal | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Communication | | | | | | | | | | |
| Persistence | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

May we contact you if we need additional information? (Y) (N)

Phone # (day) _____ (evening) _____

Name: _____

Email: _____

Pursuant to P.L. 93-579 (Privacy Act of 1974) any information you provide, including your name, would be disclosed to the person identified on this form if he/she requested it. If you have any information you do not wish revealed, please indicate on this form that you wish our office to call you, or if you rather, you may call us.

_____ Please check here if you would like to receive information explaining how you may become an Educational Surrogate Parent.

Thank you for your assistance.

Please sign and date below:

Date

Signature