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Educational Surrogate Parent (ESP) Application

Contact Information

NAME _____

Home address _____

Street Name/Number

City *State* *Zip*

Home Phone _____ Cell Phone _____

E-mail address _____

Place of Employment _____

Work address _____

Street Name/Number

City *State* *Zip*

Work Phone _____

E-mail address _____

Inform. Educate. Advocate.

*The Parent Information Center of Delaware is a non-profit, public corporation under Section 501 (c)(3) of the tax code.
Rev. 8/2017*

Background Information

Please answer the following by circling “Yes” or “No”.

- | | | | |
|-------------|---|------------|-----------|
| 1. | Are you at least eighteen (18) years of age? | Yes | No |
| 2. | Are you a legal resident of the United States? | Yes | No |
| 3. | Are you an employee of a public or private agency/school that is responsible for, or involved in the education or care of the child who requires an Educational Surrogate Parent? If yes, please explain:
<i>(Example: Do you work for a school district or a State agency or any agency where the child receives services?)</i> | Yes | No |
| <hr/> <hr/> | | | |
| 4. | Are you an approved foster parent? | Yes | No |
| | If so, what agency? _____ | | |
| 5. | Are you fluent in a foreign language? If yes, please specify: | Yes | No |
| 6. | Are you proficient in sign language? | Yes | No |

Why do you want to volunteer as an Educational Surrogate Parent (ESP)?

The information I have provided is accurate and complete.

Print Name (Educational Surrogate Parent Applicant)

Date

Signature – Educational Surrogate Parent Applicant

Date

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AGREEMENT of VOLUNTEER SERVICES
 between the Educational Surrogate Parent (ESP) and
 the Educational Surrogate Parent Program/Parent Information Center of DE

An Educational Surrogate Parent (ESP) volunteers his/her time to participate in the IEP process to ensure that a child in foster care, receiving special education services, receives an appropriate education.

As an Educational Surrogate Parent (ESP), I agree to:

- _____ conduct myself in a professional and respectful manner
- _____ notify the Educational Surrogate Parent Program of changes to contact information
- _____ communicate regularly with the Educational Surrogate Parent Program Coordinator
- _____ keep information about the child confidential
- _____ follow school rules, policies and codes of conduct
- _____ participate in required training to maintain my ESP status

Requirements for NEW ESPs or ones who have not stayed current with annual requirements
1. Participate in an initial in-person training related to the role and responsibilities of an ESP, special education and the child welfare system. 2. Participate during the school year in at least one training sponsored by PIC and related to ESP work - offered in person, webinar or audio-conference format.
Requirements for Existing ESPs
1. Participate in a refresher webinar training related to ESP Program news and special education updates and initiatives. 2. Participate during the school year in at least one training sponsored by PIC and related to ESP work - offered in person, webinar or audio-conference format.

I understand that my role as an ESP may be discontinued if my actions/advocacy is found to be not in the best interest of my child.

Name of Educational Surrogate Parent:

_____ PRINT

_____ SIGNATURE

Date _____

Date received by Educational Surrogate Parent Program/PIC _____