

PARENT INFORMATION CENTER OF DELAWARE (PIC)

Request for Appointment of an EDUCATIONAL SURROGATE PARENT Referral Form

SCHOOL AGE CHILDREN (three years and older)

I am requesting that an Educational Surrogate Parent (ESP) be appointed for a child who receives, or may be in need of, special education and related services as mandated by the Individuals with Disabilities Education Act and Delaware State Special Education Regulations (Title 14, Chapter 31). Appointments are made by the Delaware Department of Education after a recommendation from PIC. **Referrals that contain incomplete or inaccurate information will be delayed in processing.**

DFS Worker: _____ Title: _____

Phone: _____ Email: _____

Signature _____ Date _____

I certify that the statements made in this request are true and correct to the best of my knowledge.

***CHILD INFORMATION * CHILD INFORMATION * CHILD INFORMATION * CHILD INFORMATION ***

Child's Name: _____

Date of Birth: _____ Sex: _____ Primary Language: _____

Attorney GAL Name _____ Email address _____

CASA Name _____ Email address _____

Where is child residing? ☐ Foster Parent ☐ Adoptive Resource ☐ Relative ☐ Other

Name: _____ Email: _____

Address: _____

Phone (home): _____ Phone (cell): _____

*Current Treatment/Other Facility if not attending school _____***If child is home or in child care AND initial education evaluation being requested, provide Child Find and School District information.**

*CURRENT SCHOOL/DISTRICT where enrolled: _____

Name of Building (check one): ☐ Spec Ed Coordinator ☐ Educational Diagnostician ☐ B23 Contact

Phone _____ Email: _____

EDUCATIONAL STATUS:

1. Is an educational evaluation being considered or requested? ☐ YES ☐ NO
2. Is the child currently receiving special education services? (child has an IEP) ☐ YES ☐ NO

Reason for Referral:**Mother Father**

- | | | |
|-------|-------|---|
| _____ | _____ | Termination of Parental Rights |
| _____ | _____ | Agency, after making reasonable efforts, cannot locate a parent |
| _____ | _____ | Parent Cannot Be Identified |
| _____ | _____ | Parent Whereabouts Unknown |
| _____ | _____ | Child is in the custody of a public welfare agency (DFS, DSCYF) |
| _____ | _____ | Child is an unaccompanied homeless youth under McKinney-Vento |

Email this form to: Kathie Herel
kherel@picofdel.org
Parent Information Center of DE
Surrogate Parent Program
100 W. 10th Street, Suite 1008
Wilmington, DE 19801
Phone: (302) 999-7394
www.picofdel.org