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302.856.9880
Toll-free Statewide
888.547.4412
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SURROGATE PARENT 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 _____

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The Parent Information Center of Delaware is a non-profit, public corporation under Section 501 (c)(3) of the tax code. Rev. 7/2026

Background Information: Please answer the following by checking “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 |

- | | | | |
|----|------------------------------------|-----|----|
| 4. | Are you an approved foster parent? | Yes | No |
|----|------------------------------------|-----|----|

If so, what agency? _____

What is your experience with the special education process?

Why do you want to volunteer as a Surrogate Parent?

The information I have provided is accurate and complete.

Print Name (Surrogate Parent Applicant)

Date

Signature – (Surrogate Parent Applicant)

Date

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AGREEMENT of VOLUNTEER SERVICES
between the Surrogate Parent and
the Surrogate Parent Program/Parent Information Center of DE

A Surrogate Parent is a volunteer who assumes the parental rights for an eligible child under the Individuals with Disabilities Education Act (IDEA). A Surrogate Parent acts as the child's "parent" for Early Intervention or Special Education purposes only. The Surrogate Parent is to be included in all team decisions related to Early Intervention or Special Education and Related Services.

As a Surrogate Parent, I agree to the following:

- _____ Identify myself as a Surrogate Parent when participating in meetings and on all correspondence.
- _____ Conduct myself in a professional and respectful manner.
- _____ Notify the Surrogate Parent Program with questions or concerns about my role.
- _____ Communicate regularly with the Surrogate Parent Program Coordinator.
- _____ Keep information about the child confidential.
- _____ Follow school/agency rules, policies and codes of conduct.
- _____ Participate in required training to maintain my Surrogate Parent status.
- _____ Read and refer to the handbook posted on PIC's website.

Requirements for NEW Surrogate Parents
1. Participate in an initial training that includes the role and responsibilities of a Surrogate Parent and an overview of early intervention and/or special education services and the foster care system.
2. Participate in annual refresher or as-needed training to maintain eligibility status. Training opportunities provided by PIC in various formats.

Requirements for Existing Surrogate Parents
1. Participate in annual refresher or as-needed training related to Surrogate Parent Program updates, early intervention, special education and/or other relevant topics. Training opportunities provided by PIC in various formats.

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

Name of Surrogate Parent:

PRINT

SIGNATURE

Date _____

Date received by Surrogate Parent Program/PIC _____

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