

Vermont Educational Surrogate Parent Program

INTAKE FORM –AGES 3 through 21



AGENCY OF EDUCATION
1 National Life Drive, Davis 5
Montpelier, VT 05620-2501
Email: AOE.SpecialEd@vermont.gov
(fax) 802 828-6430

STUDENT INFORMATION

Name of Student/Child: _____ DOB: _____

Town of Residence: _____

HOME PROVIDER INFORMATION

Home Provider: _____ Phone: _____

Address: _____ Email: _____

City/State/Zip: _____ Relationship: _____

DEPARTMENT FOR CHILDREN AND FAMILIES CONTACT

DCF Caseworker: _____ DCF Phone: _____

DCF Office: _____

SCHOOL INFORMATION

School: _____ School District/SU: _____

Special Ed Administrator: _____ BID Required? Yes No

GUARDIAN AD LITEM INFORMATION

Name: _____ Phone: _____

Address: _____

RECOMMENDATION for EDUCATIONAL SURROGATE PARENT

Name: _____ Phone: _____

Address: _____ Relationship: _____

QUESTIONS

Is the student being referred for a special education evaluation? Yes No

Is the student receiving special education services through an IEP? Yes No

Are the parents of the student unknown or cannot be located? Yes No

Is the student an unaccompanied youth (Homeless/McKinney Vento)? Yes No

AOE NOTES

Date of Appointment: _____

Coordinators Initials: _____