



**Determination of Need for
Surrogate Parent Appointment**

STUDENT SERVICES

415 North 30th Street
 Billings, MT 59101
 Phone: (406) 281-5103
 Fax: (406) 281-6188

ID:		DOB:		Grade:		Date:	
Student: (Last)				Student: (First)			
School:				Teacher/Underwriter:			
Special Education Program:					Primary Language:		
Caregiver Name:			Address:			Phone:	
Relationship to caregiver:	<input type="checkbox"/> Natural Parent	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Group Home Parent	<input type="checkbox"/> Other Specify:		
Check the appropriate box and attach required documentation.							
<input type="checkbox"/>	The child's parents are unknown. Attach written documentation.						
<input type="checkbox"/>	The child's parents have not been located after reasonable efforts on the part of the school district or the parents have refused all involvement with the child to include educational participation. Attach copy of written documentation of at least three attempts to contact parents.						
<input type="checkbox"/>	The child is a Ward of the State and Department of Family Services has PERMANENT CUSTODY. Attach court order.						
<input type="checkbox"/>	The child is a Ward of the Tribal Court. The Tribe has PERMANENT CUSTODY. Attach Court Order severing parent's rights.						
<input type="checkbox"/>	Other:						
Please indicate how long the child has resided with the caregiver:							
If legally appropriate, indicate if the caregiver will be trained to become the Surrogate Parent:							
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Undetermined			
Is a Surrogate Parent currently appointed?				<input type="checkbox"/> Yes (Attach documentation)		<input type="checkbox"/> No	
Please provide additional information that could assist in making a determination:							
For Office Use Only:							
Based on these findings, a Surrogate Parent:				<input type="checkbox"/> must be appointed		<input type="checkbox"/> will NOT be appointed	
Based on these findings, a PERSON ACTING AS A PARENT determination is appropriate:						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recommendations for the Surrogate Parent or Person Acting as a Parent:							
Signature:						Date:	
(Authorized Director of Student Services)							