



## Exceptional Student Services Department

1025 NINTH AVENUE  
GREELEY, COLORADO 80631  
970-348-6103

### Special Education Surrogate Parent Volunteer Application

*Please complete all applicable sections and mail or fax the application to Greeley-Evans Weld County School District 6. School address and fax information is located at the bottom of form.*

#### Contact Information

Application Date	Name		First	Last	
Mailing Address	Address		City	State	Zip
Phone	Daytime	Evening	Cell		
Email					
Contact Preference	<input type="checkbox"/> Email	<input type="checkbox"/> Day Phone	<input type="checkbox"/> Evening Phone	<input type="checkbox"/> Cell Phone	

#### Volunteer Information

How did you hear about the Special Education Surrogate Parent role?

- School District/Employee
- Social Worker
- Current SESP
- Other

Why do you want to become an SESP?

Are you or your spouse employed by any public or private agency or agencies (including school systems) involved with the care or education of children?  Yes  No If yes, please describe below.

Do you speak any languages other than English?  Yes  No If yes, please list below.

Are you the parent or relative of a child with special needs?  Yes  No

Have you ever attended a team meeting for a child?  Yes  No

Have you ever signed an Individualized Education Program (IEP) as the parent or guardian of a child?

Yes  No

Do you have any professional experience with special education?  Yes  No

If yes, please describe below.

Would you prefer a match with a child in a particular age group?

Any Age  Age 3-6  Age 7-12  Age 13-17

Would you be willing to serve as an SESP for more than one child at a time?  Yes  No

Please check the type(s) of disabilities in which you have the most interest or experience:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> None                   | <input type="checkbox"/> Autism                                | <input type="checkbox"/> Developmental Delay |
| <input type="checkbox"/> Intellectual           | <input type="checkbox"/> Sensory (hearing, vision, deaf/blind) | <input type="checkbox"/> Neurological        |
| <input type="checkbox"/> Emotional              | <input type="checkbox"/> Communication                         | <input type="checkbox"/> Physical            |
| <input type="checkbox"/> Specific learning      | <input type="checkbox"/> Health                                |  |
| <input type="checkbox"/> Other, please describe |  |  |

Is there any other information about yourself that you would like to provide for this application? If yes, please provide below.

## **Volunteer Agreement**

In order to serve as a Special Education Surrogate Parent, I understand that I will be required to a Criminal Offender Record Information (CORI) check that must be repeated every three years. I understand that my application does not guarantee my appointment as a volunteer Special Education Surrogate Parent. I also understand that I must receive training, as requested, to be appointed as a Special Education Surrogate Parent. If appointed, I will protect the confidentiality of all information regarding students I represent in special education matters.

Signature

Date

Please fax or mail completed application to:

Greeley-Evans School District 6  
Exceptional Student Services  
Attention: Kate Ballard  
1025 Ninth Avenue  
Greeley, CO 80631  
Fax 970-348-6232