

PINELLAS COUNTY SCHOOLS
EXCEPTIONAL STUDENT EDUCATION (ESE) DEPARTMENT
SURROGATE PARENT ASSIGNMENT REQUEST

Staff Name & Title
requesting surrogate

Date of
Request:

Meeting Date a Surrogate is needed to attend (approximate) _____

STUDENT INFORMATION

Name		DOB	Student ID
Street Address		City	Zip
Home Phone	Grade	Exceptionality(s)	
School Name	School Phone	Extension	

REASON FOR REQUEST

☐ Ward of the State Court ☐ Parental Rights Terminated (attach copy) ☐ Whereabouts of Parent Unknown	☐ Foster Care Placement Type ☐ Surrogate assignment change needed (attach rationale) ☐ Other:
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PARENT/GUARDIAN CONTACT INFORMATION

Court Appointed State Dependency Case Worker	Phone	Email
Parent or Foster Care Parent Name	Phone	Email
Group Home Name	Phone	Email
Agency Case Worker Name	Phone	Email
Guardian ad Litem Name	Phone	Email

METHODS USED TO VERIFY THE NEED FOR A SURROGATE (check all that apply)

***Must include legal/written documentation**

☐ State Court appointed DCF Case Worker ☐ Agency Case Worker ☐ Other (please specify)	☐ Guardian Ad Litem ☐ Foster Home Parent	☐ Parent/Guardian ☐ Group Home Parent
☐ Current Court Order (within 12 months) *attach	☐ Current Judicial Review (within 12 months) *attach	
☐ Termination of Parental Rights (TPR) *attach		

FOR DISTRICT OFFICE USE ONLY

Surrogate parent assigned:	Phone:
Street Address:	Zip: Email:
ESE Surrogate Parent Coordinator:	Date Assigned: