SURROGATE PARENT VERIFICATION OF ELIGIBILITY

Name of Surrogate _____

Address _____

Phone Number _____

Name of Student(s) _____

Relationship to Student _____

I verify that I meet the following criteria deemed necessary by the State and Federal regulations to ensure each exceptional child appropriate representation in all matters relevant to the identification, evaluation, and educational placement of the child and in delivery of a free, appropriate, public education. (please check each item below)

____ Yes ____ No	Adult
____ Yes ____ No	Not an employee of the Kentucky Department of Education, the school district, or any other agency that is involved in the education or care of the student;
____ Yes ____ No	Aware of child's cultural and language background and has the knowledge and skills that ensure adequate representation of the student;
____ Yes ____ No	Does not have any personal or professional interest that conflicts with the interests of the student;
____ Yes ____ No	Familiar or willing to become familiar with federal and state rules and regulations regarding education of handicapped children; and
____ Yes ____ No	Has knowledge and skills that ensure adequate representation of the student.

Describe any personal interests that might conflict with the interest of the child to be represented:

_____

_____

_____ Signature of Surrogate

_____ Signature of Director of Special Education

_____ Date

_____ Date

The Metcalfe County Board of Education does not discriminate of the basis of race, color, national origin, age, religion, marital status, sex, or handicap