

Connecticut State Department of Education

Surrogate Parent Program Description

The Surrogate Parent Program appoints persons to advocate for children who are under the guardianship of DCF and who need or may need special education services in accord with state and federal laws. You will be responsible for identifying the special education needs of your children and advocating for them through the PPT and dispute resolution processes. Your responsibilities will include meeting with your children; observing them in their educational placements; obtaining and reviewing educational records; discussing your student's needs with the student, school staff, DCF staff, the foster parents; researching electronically and otherwise educational and legal issues; attending PPT meetings as the advocate for the student; pursuing dispute resolution as needed; complying with reporting requirements and any other activities necessary to secure a Free, Appropriate, Public Education for the children you represent pursuant to the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq. and 34 CFR 300.1 et seq.).

Compensation has three components including a fee-for-service arrangement, a monthly sliding scale based on caseload to cover routine duty obligations (telephone, email and paperwork) and mileage.

Participants in the State Employees Retirement Program are not eligible to be appointed for this position; however, participants in the State Teachers' Retirement Program are eligible to apply. All applicants must submit a cover letter, current resume, two letters of reference with contact information, and this application by email to: surrogate.application@ct.gov . Please submit your entire packet, at one time in one email, including the letters of reference. In your cover letter, discuss any commitment to, or experience with, children's rights, education law, special education, victims or plaintiff's advocacy. The recruitment period is open-ended as we will hire throughout the year, as the needs of the program require.

Again, email to: surrogate.application@ct.gov

**Connecticut Surrogate Parent Program
 CONTRACTED SURROGATE PARENT
 APPLICATION**

Instructions: Email this completed, current application (rev. 4/2013) with a cover letter, a resume that provides education and work history, and two letters of reference with their contact information, to: surrogate.application@ct.gov

All application materials, including the letters of reference, must be emailed at the same time. Incomplete application packages will not be considered. Please do not contact the office to inquire about the receipt or status of your application as the volume of applications precludes us from being able to respond.

A. Contact Information:

Name: _____
Last First Middle Initial

Home Address: _____

Mailing Address, if different from home: _____

Social Security Number: _____ - _____ - _____

Home Phone: _____ E-mail (required): _____

Cell Phone: _____

Work Phone: _____

B. Employment and Professional Experience:

Current Occupation: _____

Current Employer's Name and Contact Information (name, address, e-mail and phone):

Current Supervisor's Name and Contact Information (name, address, e-mail and phone):

May we contact your current employer? Yes No

Are you or any member of your household or immediate family employed by a Board of Education or serve on a Board of Education? Yes No

If yes, list name, relationship, position and district for each:

Are you a participant in the State Employees Retirement System? Yes No
 (not the Teachers' Retirement System)

Last Name: _____
Social Security Number: _____ - _____ - _____

C. Surrogate Parent History:

Have you ever applied to be a surrogate parent before? If so, were you interviewed and when?

D. Language:

Your ability in languages other than English:

<u>Language</u>	<u>Ability (Excellent, Good, Fair, Poor)</u>		
	<u>Read</u>	<u>Write</u>	<u>Speak</u>
_____	_____	_____	_____

E. References:

Applicants must submit two letters of reference with this application. In addition, please provide their contact information below. They will need to be available by e-mail and phone to address your experience and success at advocacy.

1. _____
Name Title

Address

Phone (required) E-mail (required)
State the relationship of this person to your position: _____

2. _____
Name Title

Address

Phone (required) E-mail (required)
State the relationship of this person to your position: _____

Last Name: _____
Social Security Number: _____ - _____ - _____

Answer 1 - 4 using additional pages as necessary.

1. State your experience and familiarity with the PPT (Planning and Placement Team Meeting) process and whether you consider yourself fully prepared to represent students at PPTs. Check one:

- a. Fully familiar and prepared to represent students at PPTs
 b. Would need training in: (50 words or less)

2. State the number of times you have represented someone at a hearing, mediation or court proceeding, or other advocacy setting and describe the type of proceeding/s, with approximate date (year).

Number of times

Types of proceedings

Approximate years

3. State your present level of ability to utilize the computer to communicate in a timely manner, including: sending, receiving, and acknowledging emails (with attachments) and independently researching educational and legal issues electronically; including the navigation of the Department of Education's website. Check one:

- a. Fully able to utilize the computer for timely communication and research
 b. Would need training in: (50 words or less)

4. Are you available to accept assignments in any part of the State and appear in person for PPT meetings? Yes No

Last Name: _____
Social Security Number: _____ - _____ - _____

F. Attestation:

CRIMINAL CONVICTIONS: Have you ever been convicted of an offense against criminal or military law, or are there criminal charges currently pending against you? (Exclude minor traffic violations or any offense settled in juvenile court or under a youth offender law.)

Yes No

If, "YES", please attach a detailed explanation about the nature of the conviction, degree of rehabilitation and time since release.

Special Note: You are **not** required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Connecticut General Statutes § 46b-146, 54-76o, or 54-142a. If your criminal records have been erased pursuant to one of these statutes, you may swear under oath that you have never been arrested. Criminal records that may be erased are records pertaining to a finding of delinquency or that a child was a member of a family with service needs (C.G.S. § 46b-146), an adjudication as a youthful offender (C.G.S. § 54-76o), a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon (C.G.S. § 54-142a).

LICENSING AND DISCIPLINARY AUTHORITIES: Has any licensing or disciplinary authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license or certificate held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?

Yes No

If, "YES", please attach a detailed explanation

Are charges pending against you in any jurisdiction for any sort of alleged professional misconduct?

Yes No

If, "YES", please attach a detailed explanation

SCHOOL AND DISTRICT RESTRICTION OR TERMINATION: Has any school district restricted or terminated your professional training, employment or privileges or have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures?

Yes No

If, "YES", please attach a detailed explanation

CERTIFICATION AND AFFIDAVIT WITH ACKNOWLEDGEMENT:

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or termination of contract and may result in criminal prosecution. All statements made on this application, including employment information, are subject to verification as a condition of employment and of continued employment. I understand that all information contained on this form and in my bid to provide surrogate parent services is subject to verification at any time. I consent to your contacting my references and I consent to a criminal history background check. I understand and agree that approval for placement on the Surrogate Parent list is not a promise of any number of case assignments or any level of work.

Applicant's Signature _____ *Date* _____