



**Orange County
Public Schools**

Surrogate Parent Application and Identification of Training Needs

Name: _____

Cell Phone: _____ **Home Phone:** _____

Home Address: _____

City, State, Zip: _____

Current Occupation: _____

Are you above the age of 18? _____ **Yes** _____ **No**

Do you have knowledge and skills in the following areas?

Federal and State regulations governing students with disabilities and their families? _____ **Yes** _____ **No**

Special education service options? _____ **Yes** _____ **No**

The Individual Education Plan (IEP) process? _____ **Yes** _____ **No**

Parental rights and responsibilities? _____ **Yes** _____ **No**

Legal/advocacy resources available to parents? _____ **Yes** _____ **No**

Have you ever represented a child with the identification evaluation/ assessment and placement process? _____ Yes _____ No

Are you an employee of Orange County Public Schools?

_____ Yes _____ No

For Office Use Only

Date Application Received: _____

Reviewed by: _____

Training Conducted by: _____

Date of Training: _____

Date Finger Printing and Badging Completed _____