**Student**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB**: \_\_\_\_\_\_\_\_\_\_\_ **Age**: \_\_\_\_\_ **Grade**: \_\_\_\_\_ **SASID**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date when Student Assigned to Surrogate**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date introductory letter sent by email to school and DCF sw\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date when first identified with a disability or closed**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Primary Disability**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***ACTIVITY FOR WHICH PAYMENT IS REQUESTED***

**DATE: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_* SITE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (School, Facility, Agency, or Office **and** Town where located)

**Surrogate Parent Activity**

[ ]  **Met with Student (in ed. setting) - Number of Students Meetings this Contract Year**: \_\_\_\_\_\_\_ [ ]  **Observed Student in Educational Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[ ]  **Participated in PPT meeting which was requested by (SP, DCF, Nexus, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** [ ] **PPT by telephone; location of surrogate:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  **Participated in 504 meeting** (only for student who was formerly identified as a student eligible for special education services) [ ]  **Participated in a Special Ed. Mediation**

[ ]  **Participated in a Complaint or Due Process**: [ ]  complaint [ ] mediation [ ] resolution sess [ ] spec ed hearing [ ] spec ed advisory opinion [ ] expulsion hearing [ ] school acc hrg [ ]  **Other Activity – must attach prior written approval** (e.g., DCF Placement Review**,** School Visits**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Action Taken by Surrogate Parent**

**General Actions:**

[ ]  Ensured student admitted to school

[ ]  Ensured student receiving IEP services

[ ]  Obtained information from student re preferences/concerns

[ ]  Supported PPT-proposed program

[ ]  Supported PPT-proposed eval. Plan

[ ]  Requested PPT meeting

[ ]  Requested interpreter

[ ]  Testified on behalf of student

**Evaluation/Testing Requests:**

[ ]  Achievement testing

[ ]  Vision screening [ ]  Hearing screening

[ ]  Speech eval [ ]  Language eval

[ ]  Psychological eval [ ]  psychiatric eval

[ ]  Neurological eval

[ ]  LD eval [ ]  ADHD eval

[ ]  Vocational eval [ ]  Rehab Services eval

[ ]  OT eval [ ]  PT eval

[ ]  Other eval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Requested reevaluation

[ ]  Requested independent ed eval

[ ]  Supported participation in CMT/CAPT

[ ]  Requested modification to CMT/CAPT

[ ]  MAS

**Behavioral/Social/Emotional Requests**:

[ ]  Functional Behavioral Assessment (FBA)

[ ]  Behavior Intervention Program (BIP)

[ ]  BIP modification

[ ]  Goals/Obj related to Social/Emotional issues

[ ]  Social work as related service

[ ]  Psychotherapy as related service

[ ]  Counseling as related service

[ ]  Opposed expulsion

**Academic and Other Goal Area Requests:**

[ ]  Goals/Obj in Academic/Cognitive Area(s) (e.g., Rdg); Please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Goals/Obj in Communication Area

[ ]  Goals/Obj in Self-Help

[ ]  Goals/Obj in Gross/Fine Motor Area

[ ]  Goals/Obj in Health

[ ]  Specialized reading program

[ ]  Extended School Year

[ ]  Objected to Homebound Instruction

**Transition Planning Requests:**

[ ]  Goals/Obj in Postsecondary Ed/Training

[ ]  Goals/Obj in Employment

[ ]  Goals/Obj in Independent Living

[ ]  Requested transition services

[ ]  Requested delay of h.s.diploma until transition goals/obj met

[ ]  Vocational classes

[ ]  Vocational program in community

[ ]  Job coach

**Other Sp. Ed./Related Service Requests:**

[ ]  Speech therapy as related service

[ ]  Language therapy as related service

[ ]  OT and/or PT as related service

[ ] 1-1 paraprofessional

[ ]  Specialized Transportation as related service

**Accommodations/Modifications Requests:**

[ ]  Schedule modification

[ ]  Curriculum modification

[ ]  Test modification

[ ]  Assignment modification

[ ]  Provision of assistive technology

**Least Restrictive Environment and Placement Requests:**

[ ]  More time in regular classes

[ ]  Resource room [ ]  Self-contained class

[ ]  Out-of-district placement

[ ]  Day treatment placement

[ ]  Extended-day treatment placement

[ ]  Group home placement

[ ]  Residential placement

[ ]  Classes in community setting during residential facility placement

[ ]  Community experiences during residential facility placement

[ ]  Independent review of treatment boundaries regarding residential facility placement

**Agency Requests:**

[ ]  Referral to BRS [ ]  Referral to DDS

[ ]  Referral to DMHAS

[ ]  Referral to other agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Other agency invitation to PPT: \_\_\_\_\_\_\_\_\_\_\_\_

**Complaint/Due Process Requests:**

[ ]  Complaint filed with CSDE

[ ]  Special Education mediation

[ ]  Resolution Session

[ ]  Special Ed. or Advisory Opinion hearing

[ ]  Expulsion hearing

[ ]  School Accommodations hearing

**Brief Summary of Student Academic/Functional Progress and Update on What Difference the Surrogate Parent has made for the student** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signed and Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**