

Removal of Surrogate Parent

To: _____

Date: _____

Address: _____

Please be advised that the local school board will determine whether or not to remove you as a surrogate parent for _____

The reason for this action is: *(check one)*

- _____ 1. Failure of the surrogate to represent the pupil in any of the parental functions described by federal and state rules and regulations (e.g. failure to attend team meetings);
- _____ 2. a conflict of interest;
- _____ 3. a change in pupil's eligibility for special education services; or
- _____ 4. actions by the surrogate that threaten the pupil's well being.

The school board will meet to determine this on:

Date

Time

Place

You will be given an opportunity to speak on your behalf if you attend the meeting.

The school board of District # _____ met on

Date _____ Time _____ Place _____
and voted _____ to remove _____ not to remove *(check one)*
the below named person as a surrogate parent.

Assistant Director of Special Education Signature

Copy: Sp. Ed. Folder
SCRED Bookkeeper

Original: Surrogate Parent