



Determination of Need for Surrogate Parent Appointment

This form is to be used when determining need for a surrogate parent for a child who (1) is receiving Early Intervention Services through Birth to 3 Connections in South Dakota, or (2) who is suspected of needing Early Intervention Services through Birth to 3 Connections.

Name of Child _____ Date of Birth _____

Birth to Three Program _____ Service Coordinator _____

Resident School District _____ Special Education Director _____

Name of Caregiver _____ Primary Language _____

Caregiver Address _____

Caregiver Phone (home) _____ (work) _____

Relationship of caregiver to child:

_____ Parent

_____ Legal Guardian

_____ Foster Parent

_____ Other Relative (specify) _____

_____ Other (specify) _____

- Check appropriate box:
- The child is represented by parent(s) or by a legal guardian.
 - The child's parents are unknown. Attach written documentation.
 - The child's parents have not been located after reasonable efforts on the part of the school district/agency. Attach documentation of attempts to contact parents.
 - The child is a Ward of the State.
 - Other _____

Based on these findings a Surrogate Parent:

_____ must be appointed

_____ does not need to be appointed.

Birth to Three Program Signature/Title

Date

School District Signature/Title

Date