

Vermont Educational Surrogate Parent Program

INTAKE FORM –AGES birth to 3



AGENCY OF EDUCATION

1 National Life Drive, Davis 5

Montpelier, VT 05620-2501

(fax) 802 828-6430

STUDENT INFORMATION

Name of Student/Child: _____ DOB: _____

Town of Residence: _____

HOME PROVIDER INFORMATION

Home Provider: _____ Phone: _____

Address: _____ Email: _____

City/State/Zip: _____ Relationship: _____

DEPARTMENT FOR CHILDREN AND FAMILIES CONTACT

DCF Caseworker: _____ DCF Phone: _____

DCF Office: _____

CIS/EI INFORMATION

CIS/EI Office: _____ CIS Phone: _____

CIS/EI Contact Personnel: _____

GUARDIAN AD LITEM INFORMATION

Name: _____ Phone: _____

Address: _____

RECOMMENDATION for EDUCATIONAL SURROGATE PARENT

Name: _____ Phone: _____

Address: _____ Relationship: _____

QUESTIONS

Is the student being referred for a special education evaluation? _____ Yes _____ No

Is the student receiving special education services through an IEP? _____ Yes _____ No

Are the parents of the student unknown or cannot be located? _____ Yes _____ No

Is the student an unaccompanied youth (Homeless/McKinney Vento)? _____ Yes _____ No

AOE NOTES

Date of Appointment: _____

Coordinators Initials: _____