

Amie Talarico, Director of Special Education
Lackawanna Trail School District
PO Box 85
Factoryville, PA 18419



Phone: 570-945-5184

Fax: 570-945-3154

talaricoa@ltsd.org

Personal Assurance Statement

I hereby affirm that:

1. I am a person of good character.
2. I am at least 18 years of age.
3. I possess reasonable abilities to make decisions regarding a student's educational needs.
4. I am committed to acquainting myself with a student's educational needs, the student's rights under the Individuals with Disabilities Act, and the Pennsylvania educational system.
5. I am committed to advocating a free appropriate public education for the child in the least restrictive environment and agree to fulfill the responsibilities listed below.
6. I have no vested interest that would conflict with the interests of the student.
7. I am not an employee of any agency responsible for the education or care of the child.
8. I live within geographic proximity to the student, which will enable me to discharge my obligations as a surrogate parent.

RESPONSIBILITIES OF A SURROGATE PARENT (initial indicating your understanding that each of the following is a component of your role as a surrogate parent):

____ Participate in the surrogate training session(s).

____ Request and participate in all applicable meetings relating to the provision of services and educational placement of the child (including individualized education program (IEP) meetings, evaluation reviews and manifestation determinations, etc.)

____ Approve or disapprove of the student's IEP.

_____ Engage in ongoing communication, verbally or in writing with the student, the student's teacher and the student's school.

_____ Assert the student's right to due process and compliance with the IEP as appropriate.

_____ Contact the surrogate parent trainer if further assistance is required or if I no longer wish to assume the educational responsibility for the child.

_____ Ensure the child receives a free appropriate public education in the least restrictive environment.

Signature: _____

Return the completed form to Kelly Dickey, Surrogate Parent Coordinator