Infant & Toddler Connection of [Local System]                                    [Address]
                                                                                                            [Address]
                                                                                            [City], Virginia [Zip]
                                                                                   [Phone (000) 000-0000]

[Date]

[Surrogate Parent(s) Name]
[Address]
[City/State/Zip]

Dear [Surrogate Parent's Name]:

Thank you for agreeing to be a surrogate parent for [Child's Name], born [DOB] for the Infant & Toddler Connection of [Local System].  This letter confirms your appointment in this role under the Individuals with Disabilities Education Act (IDEA), Part C.  As a surrogate parent, you will represent the above named child in all matters related to:

❖ Providing all needed consents such as consent for eligibility determination or service delivery and authorization for the release of information;

❖ Being present and contributing as appropriate to all assessments;

❖ The development, implementation, and signing of the Individualized Family Service Plan (IFSP), including any reviews and annual meetings;

❖ The ongoing provision of early intervention services; and

❖ Any other rights established under IDEA, Part C.

A surrogate parent is considered to be the parent as defined by IDEA, Part C and is afforded all rights given to parents and their children under this law.  You will have the same access to the child's record and other written information, as does any parent.  A surrogate parent is appointed specifically to protect the rights of the child under IDEA, Part C, but is not legally liable for actions taken in good faith on behalf of the child in protecting these rights.  The role of a surrogate parent does not require you to be responsible for the care, maintenance, or financial support of the child.  As a surrogate parent, you do not have the authority to act on behalf of the child outside of IDEA, Part C.

If you agree to accept this responsibility, please sign and return one copy of this letter to the address above.

Sincerely,
[Name and Title]
[Address and Phone Number]

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I agree to accept this role as a surrogate parent.


_____
*Surrogate Parent Signature*                                                        *Date*


_____          -----------------------------------------------------------------------------------
*Phone Number*                                                        *E-Mail Address*