

Surrogate Parent Letter of Agreement

Name: _____ Date: _____

Home address: _____ City: _____

State: _____ ZIP: _____ Home phone: _____

Name of employer: _____

Work address: _____ City: _____

State: _____ ZIP: _____ Work phone: _____

As a surrogate parent I agree to the following:

_____ to complete a training program as required by the district in which I will serve as a surrogate parent, in accordance with Commissioner's Rule 19 Texas Administrative Code (TAC) 89.1047;

_____ to visit the child, and the child's school

_____ to review the child's educational records;

_____ to consult with all relevant individuals involved in the child's education;

_____ to attend educational planning meetings and participate in developing the child's Individualized Education Program (IEP);

_____ to exercise independent judgment in the child's best interest and remove myself if there is a conflict of interest with my role as a surrogate parent.

Signature of Surrogate Parent

Date

Signature of District Representative

Date

Title of District Representative