Enter District Name Here

**Determination of Educational Representative**

Complete this form at the time of referral for a student who is suspected of needing special services and at the time of enrollment for a student who is transferring into the district and received special education services from another district.

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| --- | --- | --- | --- |
| Student’s Full Name:  |       | SSID: |       |
| Date of Birth: |       | Grade: |    |
| School: |       |

[ ]  1. The student is represented by natural or adoptive parent(s) or a legal guardian. If guardian, attach official copy of court order appointing guardian.

[ ]  2. The student’s parent(s), as applicable, has/have given permission for a relative/friend with whom his/her child is residing to act as a parent in educational decision-making. Attach a copy of the written statement from the:

Parent(s), as applicable, verifying that the parent(s) are allowing the individual to act as the parent in educational decision-making.

[ ]  3. The student is, or had been, married. Student represents self. Attach official copy of proof of marriage.

[ ]  4. The student is 18 over and does not have a court-appointed guardian. Student represents self.

[ ]  5. The student is 18 or over, has been declared incompetent by court order, and is represented by a guardian. Attach official copy of court order appointing guardian.

[ ]  6. The student is under 18, but is emancipated by court order. Student represents self. Attach official copy of court order emancipating the student.

**Determination of need for surrogate parent**

[ ]  7. The student’s parents are unknown. Attach written verification.

[ ]  8. The student’s parents have not been located after reasonable efforts. Attach copy of written documentation of efforts.

[ ]  9. The rights of the biological or adoptive parents have been terminated and the student is committed to the state. Attach official copy of both court orders.

**If 7, 8, or 9 apply to the student, a surrogate parent must be appointed.**

**Send to DoSE. (707 KAR 1:280)**

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| **Educational Representative** | **Address**  | **Phone** |
|       |       |       |

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| --- | --- | --- |
| **ARC Chairperson** | **Signature** | **Date**  |
|       |  |       |