



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
OFFICE OF SPECIAL EDUCATION-COMPLIANCE

**EDUCATIONAL SURROGATE APPLICATION**

NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH
HOME ADDRESS	CITY	STATE/ZIP
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	CELL PHONE NUMBER
EMAIL ADDRESS		
EMPLOYMENT STATUS <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Not Employed <input type="checkbox"/> Retired		EMPLOYER'S NAME AND ADDRESS (REQUIRED)
LIST ANY EDUCATIONAL, VOLUNTEER, WORK, OR OTHER RELATED EXPERIENCE IN THE AREA OF SPECIAL EDUCATION AND/OR YOUTH		
WITH WHICH SCHOOL DISTRICTS/RESIDENTIAL FACILITIES MAY A CONFLICT OF INTEREST EXIST?		
INDICATE ANY LANGUAGE OTHER THAN ENGLISH THAT YOU SPEAK FLUENTLY		DO YOU USE SIGN LANGUAGE <input type="checkbox"/> Yes <input type="checkbox"/> No

**ASSURANCES**

**I, as Educational Surrogate, assure the Department of Elementary and Secondary Education (DESE) the following concerning the Educational Surrogate Program:**

- I am at least 18 years of age.
- I verify that I have completed all the required training topics on the Special Education 101 web module relating to the Educational Surrogate program.
- I verify that I meet the following criteria deemed necessary by state and federal regulations to ensure delivery of a free and appropriate education to each child with a disability, including representation in matters relative to identification, evaluation, and educational placement.
- I am unaware of any conflict of interest I would have if appointed as an educational surrogate. Further, I understand if I have a conflict of interest in the future, I will notify DESE.
- I understand if I am an employee of a public agency involved in the care or education of a student assigned to me, I will be unable to represent the student and will so notify DESE.
- I am willing to participate in educational surrogate training if a waiver has not been approved.

SIGNATURE OF APPLICANT	DATE
------------------------	------

PRINT NAME

**RETURN FORM**

**MAIL the completed form to:** Special Education Compliance  
Missouri Department of Elementary and Secondary Education  
PO Box 480  
Jefferson City, MO 65102 or Fax 573-526-5946.

**QUESTIONS:** Contact Special Education Compliance at 573-751-0699 or [secompliance@dese.mo.gov](mailto:secompliance@dese.mo.gov)

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6<sup>th</sup> Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email [civilrights@dese.mo.gov](mailto:civilrights@dese.mo.gov).