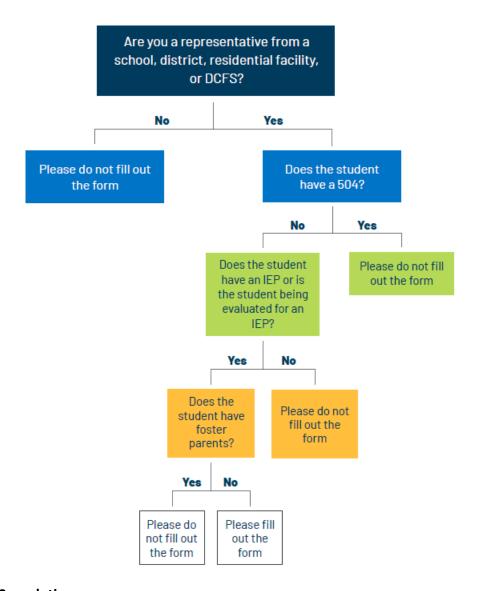
Educational Surrogate Parent Electronic Request Form Instructions

Before completing the request for an Educational Surrogate Parent, confirm that the student is entitled to an ESP:



Form Completion:

Student Information

Please enter the student's first and last name, date of birth, gender, and ethnicity. This information must match the records in the Student Information System (SIS). While the SIS ID number is not required, it is strongly recommended to ensure accurate identification, particularly in cases where there may be discrepancies in the date of birth or spelling of the student's name.

Additionally, please indicate the student's current status. Note that only students who are currently receiving special education services or are in the process of being evaluated for such services are eligible for the assignment of an Educational Surrogate Parent.

Request information

When submitting a request, please select the appropriate request type from the dropdown menu:

- **Appointment** Select this option if the youth is being assigned an Educational Surrogate Parent (ESP) for the first time, or if it is unclear whether an ESP was assigned at a previous placement.
- Replacement Use this option if:
 - The youth is transferring from another placement to the current facility or district.
 - The current ESP is unresponsive or unavailable.
 - There are irreconcilable differences between the current ESP and the Individualized Education Program (IEP) team.
 - Note: In cases involving concerns with the current ESP, both parties will be contacted and the situation will be reviewed before a reassignment is made.
- Withdrawal Select this option when the student:
 - Has exited the facility due to relocation or graduation.
 - Has been reunited with family, adopted, or placed in a foster home.
 - No longer qualifies for special education services.
 - Has turned 18 and has not delegated educational decision-making rights.

Surrogate Parent Requested

If there is a specific ESP who has previously worked well with the youth, facility, or district, please enter their name in the designated field. The ESP team will make every effort to honor the request, depending on availability.

Student Language(s)

Choose all the languages that the student speaks.

Resident School District

Please select the student's district of residence. Note that this may differ from the student's current educational or residential placement.

Important: If the student is **not enrolled in an Illinois public school district**, we will be **unable to assign** an **ESP**.

Placement Information

- **Educational Placement:** This refers to the location where the student is receiving their special education services. It may or may not be the same as the student's residential placement.
- **Residential Placement:** This is the location where the student resides overnight. It could be a residential facility that also provides education services, or it may be a separate setting such as a shelter, group home or other living arrangement.

Please note that students who are in authorized placements with family members or who are in foster care do not qualify for ESPs.

Requestor Information

Please enter your name and contact information. This information will be included in the appointment letter sent to the Educational Surrogate Parent (ESP), as well as to the student's residential and educational placements and the school district.

If known, please also include the caseworker's name and contact information to support coordination and communication.

Additional Information

Use this section to provide any **relevant details** that may assist the Illinois State Board of Education (ISBE) or the assigned ESP in better understanding the student's needs or circumstances.

SUBMIT – Once the request is submitted, ISBE will process it within **two business days**. If you have any questions, please contact surrogate@isbe.net.

Please note: Even if the request is processed promptly, **Educational Surrogate Parents are entitled to a 10-day notification period prior to any scheduled IEP meeting**. To ensure compliance and adequate preparation time, please make every effort to submit your request **well in advance** of any planned meetings.