



Empowering Partnerships For Education

Delaware County Intermediate Unit
Office of Professional Development
Education Service Center
200 Yale Avenue
Morton, PA 19070-1918

Educational Surrogate Parent Request Form

Date of Referral _____ School District _____

Student's Name _____

Date of Birth _____ Exceptionality _____

Caretaker's Name _____ E-Mail _____ Phone _____

Caretaker's Status: Foster Parent _____ Agency _____ Residential Facility _____

Caretaker's Address _____

Current Education Placement: IU _____ District _____ APS _____ Other _____

Current School & Address _____

Contact Person _____ E-Mail _____ Phone _____

Public Agency & Address _____

Contact Person _____ E-Mail _____ Phone _____

Public Agency & Address _____

Contact Person _____ E-Mail _____ Phone _____

Please check one: _____ This student is a Ward of the State*

_____ Parent or Guardian is unknown or unavailable*

**Please send documentation with this application to:*

Trish Wolf, Surrogate Parent Coordinator

twolf@dciu.org

PHONE: 610-938-9000 x2136

FAX: 610 938-9884

All current student records must be provided to the surrogate at the time of assignment, prior to a scheduled meeting of the IEP team, to provide time for an adequate review of student information.