

KERN EARLY START SERVICES

- KERN REGIONAL CENTER - (661) 327-8531 • FAX (661) 327-8676
- BAKERSFIELD CITY SCHOOL DISTRICT SELPA - (661) 631-5850 • FAX (661) 631-3289
- KERN COUNTY CONSORTIUM SELPA - (661) 636-4817 • FAX (661) 636-4810
- SIERRA SANDS SELPA - (760) 499-1702 • FAX (760) 446-1639

NOTIFICATION OF PLACEMENT OF INDIVIDUAL WITH EXCEPTIONAL NEEDS IN A LICENSED CHILDREN'S INSTITUTION OR FOSTER FAMILY HOME

Directions: To be completed by placing agency representatives at the time of placement/transfer of a school age student with exceptional needs into a licensed children's institution or foster family home within the Kern County Consortium SELPA.

To: _____

School District: _____

From: _____
name/title of placing agency representative

County Agency Name: _____ Address/Zip: _____

Child: _____ Birthdate: _____
last, first and middle initial

Language: _____ Ethnicity: _____
child home

Case/Client No.: _____ Social Security No.: _____ Date of Placement _____

Previous School/Address: _____

Parent/Legal Guardian: _____ Language: _____
last and first names

Address/City/Zip: _____ Telephone: _____

Care Provider: _____ Language: _____
last and first names

Address/City/Zip: _____ Telephone: _____

The following applies to the student's educational representation (check all that apply)

- The child has a current Individualized Family Service Plan (IFSP).
- The child is a ward or dependent of the court.
- The court has removed parent/guardian rights to represent the child for the educational purposes.
- The parent/guardian is deceased (provide date of death) _____
- Whereabouts of parents are unknown to the agency. Provide last known address (with dates).

Signature: _____ Date: _____

District of Residence _____ District/Student Services Coordinator _____

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PARENTAL STATUS DATA AND SEARCH DOCUMENTATION

Students's Name: _____ DOB: _____ Contact Date: _____

District of Residence _____ School Year: _____

Notification by Agency of Status: <input type="checkbox"/> Yes <input type="checkbox"/> No	Ward/Dependent of the Court <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name of LCI FFH Other: _____

Contact Person: _____ Telephone: _____

Address: _____

Social Worker or Probation Officer: _____

Agency Name: _____ Telephone: _____

Address: _____

PARENT STATUS INFORMATION			
Please check all that apply.	Yes	No	Comments
<input type="checkbox"/> Parents rights removed: <input type="checkbox"/> Parent located/retains rights: <input type="checkbox"/> Parent not located: <input type="checkbox"/> Parent appointed educational representative: <input type="checkbox"/> Parents are minors: Father's age: _____ Mother's age: _____			Explain/provide address(es) of parents: Initials _____

<input type="checkbox"/> Surrogate parent not needed based on information above.	<input type="checkbox"/> Surrogate parent assignment needed based on information available.	<input type="checkbox"/> Additional search efforts are required to determine need for surrogate.	<input type="checkbox"/> Foster parent may be assigned as surrogate based on information available.
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PARENT SEARCH ATTEMPTS: Please document the efforts you have made toward a reasonable search of student's parents. This must consist of a minimum of three search attempts conducted over a three-week period utilizing two or more types of contact techniques. **These search attempts must be made prior to an assignment of a surrogate parent.**

DATE	METHODS				COMMENTS
	Certified Mail	Telephone Call	Home Visit	Other	
#1					
#2					
#3					

CERTIFICATION AND REFERRAL: I certify that there has been a reasonable search for student's parents, as documented above, and that the student qualifies for and is in need of a special education surrogate parent.

Date Received: _____ By: _____
signature

Interim surrogate appointed: _____ date Surrogate parent appointed: _____ date Foster parent appointed: _____ date