

**Chris L. Nicastro, Ph.D.**  
Commissioner of Education



205 Jefferson Street  
P.O. Box 480  
Jefferson City, MO 65102-0480  
<http://dese.mo.gov>

## Missouri Department of Elementary and Secondary Education

— *Missouri public schools: the best choice. . .the best results!* —

Thank you for your interest in the Educational Surrogate program. We greatly appreciate your willingness to offer your services to students in the state of Missouri.

Attached is an application for you to complete and return to us. One of the requirements for becoming an Educational Surrogate is a short training about the special education process. For individuals with a background in special education, either by degree, certification, or teaching experience, the mandatory training requirement may be waived. If you believe you are in this group, complete the application verifying your degree, certificate or experience, and attach a copy of your teaching certificate. We will determine whether you will be required to attend a training, and we will notify you of that decision.

If you have a copy of a recent background check, please include it with your application. If necessary, the Department of Elementary and Secondary Education will conduct a background check for you. Completion of the application or attendance at one of the trainings does not obligate you to become an educational surrogate.

Thank you again for considering becoming an Educational Surrogate. Please do not hesitate to contact my office at (573) 751-0186 if you have any questions or concerns.

Sincerely,

A handwritten signature in cursive script that reads "Dana Desmond".

Dana Desmond, Data Specialist III  
Special Education Compliance



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
SECTION OF SPECIAL EDUCATION PROGRAM DEVELOPMENT  
**EDUCATIONAL SURROGATE APPLICATION**

<b>NAME</b>	<b>SOCIAL SECURITY NUMBER</b>	<b>DATE OF BIRTH</b>
<b>HOME ADDRESS</b>	<b>CITY</b>	<b>STATE/ZIP</b>
<b>HOME TELEPHONE NUMBER</b>	<b>WORK TELEPHONE NUMBER</b>	<b>STATE OF BIRTH</b>
<b>EMPLOYER'S NAME</b> (Required if employed)	<b>EMPLOYER'S ADDRESS</b> (Required if employed)	

**EDUCATION:** (circle grade of school completed)    1   2   3   4   5   6   7   8   9   10   11   12  
**College or Technical School**    1   2   3   4                    Masters, Ph.D., Other \_\_\_\_\_

**Are you available to attend meetings during the day?**     Yes    No **Other times available** \_\_\_\_\_

**List any educational, volunteer, work, or other related experience in the area of special education and/or youth**

**Do you have any preferences as to the type of children with disabilities you are willing to represent?**     Yes    No  
**If yes, please list preferences:** \_\_\_\_\_

**With which school districts are you available to work?** (Please see explanation of *conflict of interest* on back of this form)

<b>Indicate any language other than English that you speak fluently:</b>	<b>Do you use sign language?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

<b>SIGNATURE</b>	<b>DATE</b>
------------------	-------------

- 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 at least 18 years of age.
- 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 the Department of Elementary and Secondary Education.
- 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 them and will so notify the Department of Elementary and Secondary Education.
- I am willing to participate in educational surrogate training if a waiver has not been approved.

**RETURN TO**       **Dana Desmond**  
 keep a copy for your records    **Educational Surrogate Program**  
**Department of Elementary and Secondary Education**  
**P. O. Box 480, Jefferson City, MO 65102**  
**Phone #: 573-751-0186    Fax #: 573-526-5946**

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, national origin, sex, disability, or age 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, Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 5<sup>th</sup> Floor, 205 Jefferson Street, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or Relay Missouri 800-735-2966.

Section 162.999 of the Revised Statutes of Missouri, the state law on educational surrogates, provides, in part, that any person who is appointed to act as an educational surrogate shall be free of any interest that conflicts with the interests of the child represented.

The term “**conflict of interest**” has been explained as follows:

“A person has a conflict of interest if he or she holds a job or other position (i.e. school board member) that might restrict or bias his or her ability to advocate for all of the services needed by the child. One example would be an employee of an agency that would have to pay for some or all of the services a child might need. An educational surrogate must be free from institutional bias regarding the education of the child and from the possibility of administrative retaliation for the faithful execution of his or her rights and duties as an educational surrogate.”  
Kirk 2 EHLR p. 211:243 (EHA 1980)

Missouri State Highway Patrol / Missouri Department of Social Services  
**REQUEST FOR CHILD ABUSE OR NEGLECT / CRIMINAL RECORD**

TYPE OF SERVICE (Check ALL that apply) See reverse side for further instructions. <input checked="" type="checkbox"/> (1) CD Central Registry Child Abuse Search Only - No Charge <input type="checkbox"/> (2) Name Search - \$9.00 (Criminal record, child abuse, or neglect, central registry search) <input type="checkbox"/> (3) Fingerprint Search <input type="checkbox"/> \$14.00 (Authorized Statute 210.487) <input type="checkbox"/> \$20.00 (All other request)	TYPE OF DAYCARE PROVIDER <input type="checkbox"/> (1) License <input type="checkbox"/> (2) License Exempt <input type="checkbox"/> (3) Registered
---	--

**IDENTIFYING DATA (Please type or print information legibly in ink.) The subject of the request must complete the next section and sign.**

APPLICANT'S NAME (Last, First, MI, Jr., Sr., III)					
MAIDEN NAME	DATE OF BIRTH (MM/DD/YY)	STATE OF BIRTH	SEX	RACE	
ALIAS NAME(S)	SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER / STATE /		
ADDRESSES FOR PAST 5 YEARS					
STREET	CITY	STATE	STREET	CITY	STATE

Have you ever been found guilty to or been convicted of any criminal act in this state or any state?  
 YES (Complete section below)     NO, I have not been found guilty to or been convicted of any criminal offense in this state or any state.

DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Identify charges, attach separate page, if necessary.)

Have you ever been substantiated as a perpetrator in any child abuse or neglect report made to the Children's Division in this state or any state?  
 YES (Complete section below)     NO, I have not been substantiated as a perpetrator in any child abuse or neglect report.

DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Attach separate page, if necessary.)

**The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant permission to the Department of Social Services to obtain any and all information needed to process my request and to use the information as permitted by law.**

SIGNATURE OF APPLICANT (REQUIRED IN INK)	DATE
SIGNATURE OF REQUESTOR (Required in ink)	DATE
TITLE OF CHILD CARE PROVIDER Data Specialist III	TELEPHONE 573-751-0186
STATE AGENCY MO DESE, Special Education Compliance	STATE VENDOR OR CONTACT NO. (If applicable)

CHECK APPROPRIATE BOX

<input type="checkbox"/> CHILD CARE RELATED EMPLOYMENT	<input type="checkbox"/> DOH / CCB CHILD CARE BUREAU	<input type="checkbox"/> SCHOOLS / PUBLIC AND PRIVATE
<input type="checkbox"/> CHILD CARE RELATED VOLUNTEER	<input type="checkbox"/> DMH / DMH VENDOR	<input type="checkbox"/> CD CONTRACT PROVIDER
<input type="checkbox"/> CD LICENSURE	<input type="checkbox"/> HEALTH CARE	<input checked="" type="checkbox"/> OTHER <u>Educational Surrogate Volunteer</u>

COMPLETE RETURN ADDRESS (REQUIRED ON EACH APPLICATION) Complete your mailing label below Confidential Mail	SEND FEE & FORM TO:  Missouri State Highway Patrol Criminal Records and Identification Division P.O. Box 9500 Jefferson City, MO 65102				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">AGENCY NAME MO DESE, Special Education Compliance</td> </tr> <tr> <td style="padding: 2px;">ATTENTION Dana Desmond</td> </tr> <tr> <td style="padding: 2px;">ADDRESS PO Box 480</td> </tr> <tr> <td style="padding: 2px;">CITY, STATE, ZIP CODE Jefferson City, MO 65102</td> </tr> </table>	AGENCY NAME MO DESE, Special Education Compliance	ATTENTION Dana Desmond	ADDRESS PO Box 480	CITY, STATE, ZIP CODE Jefferson City, MO 65102	
AGENCY NAME MO DESE, Special Education Compliance					
ATTENTION Dana Desmond					
ADDRESS PO Box 480					
CITY, STATE, ZIP CODE Jefferson City, MO 65102					

The purpose of this form is to provide information available to child care agencies including volunteer agencies. The records you receive will be based on the search options you select. The Missouri State Highway Patrol will respond when you choose option 1 or 2. The Missouri Children's Division will respond when you choose option 1, 2, or 3. Direct questions regarding criminal records to the Missouri State Highway Patrol (573-526-6153); direct questions regarding child abuse or neglect to the Children's Division (573-526-1438, TT: 1-800-735-2466).

**The information on this form, and responses generated as a result of this form, are confidential. Any person disclosing the information in violation of 43.540, 589.400, RSMo. and /or 210.150 RSMo. is guilty of a class A misdemeanor.**

For information on how to participate in the Child Abuse/Neglect Central Registry examination program, submit a written request from the CEO, owner, director, etc. of your child care related group or organization to: **Director, Children's Division, P.O. Box 88, Jefferson City, MO 65103.**

---

**PROCESSING FEE SCHEDULE INFORMATION (43.527 AND 43.530 RSMo.)**

By checking boxes 1 thru 3 on the front page of this form, the following applies:

1. Name Search - \$9.00 Provides open records obtained from the Missouri Criminal Record Repository and information from Missouri Children's Division Central Registry.
  - a) Complete the request form.
  - b) Make a check or money order for \$9.00 payable to "State of Missouri Criminal Records System."
  - c) Mail completed form and check or money order to: **Missouri State Highway Patrol, Criminal Records and Identification Division, P.O. Box 9500, Jefferson City, MO 65102.**
  
2. Fingerprint Search - \$14.00/\$20.00 Provides open and closed records with positive identification obtained from the Missouri Criminal Records Repository and information from Missouri Children's Division Central Registry.
  - a) Complete the request form.
  - b) Obtain fingerprints on: Applicant card FD-258 or Patrol card SHP-152. Official taking fingerprints must verify identity of person fingerprinted with an official id such as a driver's license and sign the card as the person taking the fingerprints. Complete the rest of the card as applicable.
  - c) Make a check or money order for \$14.00/\$20.00 payable to "State of Missouri Criminal Records System."
  - d) Mail completed forms and check or money order to: **Missouri State Highway Patrol, Criminal Records and Identification Division, P.O. Box 9500, Jefferson City, MO 65102.**
  
3. CD Central Registry Child Abuse Search Only - No Charge Provides information obtained from the Children's Division Central Registry only. The Children's Division (CD) Central Registry screening will reflect information contained in the CD database. Any questions about the accuracy of that information should be directed to the CD office in the residential county of the applicant or the county of employment if the applicant is not a Missouri resident.
  - a) Complete the request form.
  - b) Mail completed form to: **Missouri Children's Division, Background Screening / Investigations Unit, P.O. Box 88, Jefferson City, MO 65103.**

**OPEN RECORDS** - convictions, charges pending, arrests less than thirty days old, and suspended imposition of sentence during probation.

**CLOSED RECORDS** - charges not filed, not prosecuted, dismissed, or subject found not guilty or suspended imposition of sentence after probation.

---

SPACE RESERVED FOR MSHP/CD RESPONSE STAMP