



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

NAME		SOCIAL SECURITY NUMBER	DATE OF BIRTH
HOME ADDRESS		CITY	STATE/ZIP
HOME TELEPHONE NUMBER		WORK TELEPHONE NUMBER	CELL PHONE
E-MAIL ADDRESS (Required to set-up web account)		MOTHER'S MAIDEN NAME (Required to set-up web account)	

EMPLOYMENT STATUS (Required) <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Retired <input type="checkbox"/> Not Employed	EMPLOYER'S NAME and ADDRESS (Required)
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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? (Please see explanation of *conflict of interest* on page 2 of this application)

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

SIGNATURE	DATE
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PRINT NAME

Educational Surrogate Program
Office of Special Education
Department of Elementary and Secondary Education
P. O. Box 480, Jefferson City, MO 65102
Phone #: 573-751-0186 Fax #: 573-526-5946

RETURN TO →
 keep a copy for your records

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 of 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)

34 CFR 300.519 (b)

(2) Public agencies must ensure that a person selected as a surrogate parent:

(i) Is not an employee of the SEA, the LEA, or any other agency that is involved in the education or care of the child;

(ii) Has no personal or professional interest that conflicts with the interest of the child the surrogate parent represents; and

(iii) Has knowledge and skills that ensure adequate representation of the child.

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
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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 Educational Surrogate Volunteer

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"> <tr><td>AGENCY NAME MO DESE, Special Education Compliance</td></tr> <tr><td>ATTENTION Dana Desmond</td></tr> <tr><td>ADDRESS PO Box 480</td></tr> <tr><td>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	
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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