

**Surrogate Parent Appointment**  
**(Form #11)**

To: Surrogate Parent Appointments  
Division of Special Education Programs  
7<sup>th</sup> Floor, Andrew Johnson Tower  
710 James Robertson Parkway  
Nashville, TN 37243-0375  
(615) 741-0660 - telephone  
(615) 253-5567 - fax

From: \_\_\_\_\_ School District Office

Date: \_\_\_\_\_

\_\_\_\_\_ has been appointed for \_\_\_\_\_  
Surrogate parent Child's Name  
\_\_\_\_\_  
Birth date

Support for this appointment is confirmed with documentation maintained in our office of the following:

- Letter from DHS/DCS \_\_\_\_\_ Yes \_\_\_\_\_ No
- Telephone call made \_\_\_\_\_ Yes \_\_\_\_\_ No
- Correspondence sent to parents \_\_\_\_\_ Yes \_\_\_\_\_ No
- Contacted agency responsible for care of child \_\_\_\_\_ Yes \_\_\_\_\_ No
- Contacted known relatives/other interested persons \_\_\_\_\_ Yes \_\_\_\_\_ No
- Other (explain) \_\_\_\_\_

Training was provided by \_\_\_\_\_ on \_\_\_\_\_  
Trainer Date

The surrogate parent has no interest that conflicts with the interest of this child and meets all other parent qualifications.

Surrogate Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by (State Department Representative)

\_\_\_\_\_ Date: \_\_\_\_\_