



SoonerStart Early Intervention Program Surrogate Parents Verification of Training

Child's Name:	Date of Birth:
Surrogate Parent to be Named:	
Section 1: Description	
<p>The above named caregiver(s) has received training to act as a surrogate parent. This training included:</p> <ul style="list-style-type: none">• Parent Rights;• Due process procedures and procedural safeguards;• Structures, procedures, and forms of the SoonerStart Early Intervention Program;• The step by step process for delivery of SoonerStart Early Intervention services;• Information about the nature of child's delays and needs. <p>The surrogate parent has the responsibility of representing the child in all matters relating to:</p> <ul style="list-style-type: none">• The identification, evaluation and placement of the child, and;• The provision of appropriate early intervention services of the child and the child's family.	
Written information and training for skills and knowledge as a surrogate parent have been provided by:	
Person Conducting the Training:	
Agency:	Phone:
Address:	
Date of Training:	Location:
Section 2: Assignment	
I understand the responsibilities of acting as a surrogate parent. I have no interests that conflict with the interest of the child and am not an employee of an agency involved in the provision of early intervention or other services to the child	
Signature:	Date:
Address:	
SoonerStart Site:	
SoonerStart Contact:	