NAME School District

Notice of End of Appointment of a Surrogate Parent

Date of Appointment:_____

Dear _____,

The School District has made a determination regarding the continuation of your appointment as a surrogate parent for _____.

Our determination is as follows:

- ☐ Your appointment has been terminated as you requested.
- ☐ Your appointment has been terminated because you no longer meet the criteria for a 'qualified' surrogate parent.
- ☐ Your appointment has been terminated because the student no longer resides in the district.
- ☐ Your appointment is discontinued.

If your appointment has been terminated by the district, you have the right to request a due process hearing regarding the district's determination that you are no longer qualified. If you wish to challenge our determination, please address your hearing request to:

Special Education Dispute Resolution
Alaska Department of Education & Early Development
Teaching and Learning Support, Special Education
P.O. Box 110500
Juneau, Alaska 99811-0500

Or **fax** to: (907) 465-2806
Attention: Special Education Dispute Resolution

Thank you for your assistance.

Sincerely,