



Infant & Toddler  
Connection of Virginia

Central Directory: 1 (800) 234-1448  
TTY/TDD 1(804) 771-5877

Infant & Toddler Connection of [Local System]

[Address]

[Address]

[City], Virginia [Zip]

[Phone (000) 000-0000]

[Date]

[Surrogate Parent(s) Name]

[Address]

[City/State/Zip]

Dear [Surrogate Parent's Name]:

Thank you for being a surrogate parent in the Infant & Toddler Connection of Virginia to [Child's Name]. Your participation has assisted the Infant & Toddler Connection of Virginia in ensuring that this child received all needed and available early intervention services and that his/her rights under the Individuals with Disabilities Education Act (IDEA), Part C were protected. The need for you to continue as a surrogate parent no longer exists because:

- You have chosen to relinquish this responsibility.
- You have indicated you are no longer able to advocate effectively for the child.
- You no longer meet the criteria established for being a surrogate parent.
- The child's circumstances have changed such that a surrogate parent is no longer required.
- Other: \_\_\_\_\_

Your role as a surrogate parent for this child will end effective [date].

Should you have any questions regarding this decision, please contact me at the number listed below. Again, thank your for giving your time and support.

To acknowledge this change in responsibility, please sign and return one copy of this letter to the address above.

Sincerely,

[Name and Title]

[Address and Phone Number]

I acknowledge this change in my role as a surrogate parent.

\_\_\_\_\_  
*Surrogate Parent Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*E-Mail Address*