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*North Carolina Infant-Toddler Program*

*SURROGATE PARENT TERMINATION LETTER*

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| Child’s Name: |       | Date of Birth: |       |  |
| Date: |       |  |
| Dear |       |  |
|  |
| Thank you for your participation as a North Carolina Infant-Toddler Program surrogate parent for:  |
|       |  |
|  |
| Your participation has assisted the Infant-Toddler Program in ensuring that all needed and available early intervention services have been provided. 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, or |
| [ ]  | The child’s circumstances have changed such that a surrogate parent is no longer required. |
| [ ]  | Other |       |
| Your role as surrogate parent for this child will end effective  |       |
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| Please feel free to contact our office if you have any questions regarding this decision. Again, thank you for giving your time and support. |
|  |
| Sincerely, | **Contact Information for CDSA:**      |
| Children’s Developmental Services Agency (CDSA) Director or Designee: |  |
|       |  |  |  |
| (Print or Type Name) |  |  |  |
|       |  |  |  |
| Signature  |  |  |  |