FORM SP-2

__________________________
(Name of Child)

__________________________
(Public Agency)

has been referred for consideration of the need for special education services. After
reasonable effort, the identification or location of a biological or adoptive parent, a legal
guardian, a foster parent, or an individual acting in the place of a biological or adoptive
parent, (including a grandparent, stepparent, or other relative) with whom the child lives,
or an individual who is legally responsible for the child's welfare could not be
discovered; or the child is an unaccompanied homeless youth as defined in the federal
law; or it has been determined that he/she is a ward of the State. He/she, therefore, meets
the criteria for assignment of a surrogate parent.

__________________________
(Name of Public Agency Official)

__________________________
(Date)