FORM SP-1

BY ACTION OF THE BOARD OR CHIEF ADMINISTRATIVE OFFICER OF:

_____
(Public Agency)

ON: _____
(Date)

WE HEREBY APPROVE: _____
(Name of Individual)

_____ OF _____
(Title of Individual) (Agency Designation)

AS THE INDIVIDUAL RESPONSIBLE FOR IMPLEMENTING A SURROGATE PARENT

PROGRAM FOR _____
(Public Agency)

_____
(Board President or Chief Administrative Officer)

MAIL ONE COPY TO: Arkansas Department of Education
Special Education
1401 W. Capitol, Suite 450
Little Rock, Arkansas 72201