

**FORM SP-2**

\_\_\_\_\_, a student of \_\_\_\_\_  
(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)