

Joint Educational Services in Special Education Student Exit Form

Student: _____ Birth Date: _____

Teacher of Record: _____ Placement School _____

Date Spec Educ services were terminated per your School Corp _____

Exit Reasons

1) ___ Transferred to regular education (no longer eligible for services or the parent has revoked consent)

2) ___ Graduated with a regular high school diploma.

Please include the avenue in which a diploma was received:

___ Passing ECA ___ Appeal/Waiver Process

___ General ___ Core 40 ___ Honors

3) ___ Received Certificate of Completion/fulfilled IEP requirement

4) ___ Reached maximum age of 22

5) ___ Deceased

6) ___ Dropped out.....**Please select one:**

a) ___ Interviewed by high school personnel

b) ___ Runaway

c) ___ Expulsion

d) ___ Status unknown

e) ___ Moved but NOT known to be continuing in another educational program

f) ___ Pursuing GED

7) ___ Discontinued public school education services in Indiana.....**Please select one:**

a) ___ Residential facility

b) ___ Correctional facility

c) ___ Student receiving special education services from a Choice School rather than public school.

d) ___ Homeschooled, or enrolled in non-public school, declines ISP.

e) ___ Moved out of state, is known to continuing education. _____
(If known)

8) ___ Student moved to another public or private school in **INDIANA** and is continuing to receive special education services from a **public school**. _____

(Name of School or Corporation)

Signature of Teacher of Record

Date