

SPECIAL EDUCATION STUDENT EXIT FORM

(DATA COLLECTION FOR THE CORP'S TR REPORT)

Student Name: _____

DOB: _____ Grade: _____

Date Special Education Services Ended (should match withdrawal date): _____

STN: _____ Teacher of Record: _____

School the student was attending upon withdrawal/dismissal: _____

Termination Reasons/Codes: (please check only one)

1. Transferred to regular education (Dismissed from services or parent revoked special education services)

11. Earned high school diploma

12. Received a Certificate of Completion this year and does not intend on returning to school the following year.

Received a Certificate of Completion this year and will return to school the following year.

Previously received a Certificate of Completion. (Year____) and returned to school; but has now W/D.

13. Reached maximum age 22

14. Deceased

15. Dropout

16. Moved, known to be continuing in a general education ONLY (not in an INDIANA public school)

a. Moved out of state STATE NAME: _____

b. Withdrawn to homeschool - **NOTE: This requires the Corporation of Legal Settlement to offer a service plan**

c. Enrolled in non-public school (in your district) NAME OF SCHOOL: _____ **NOTE: This requires the Corporation of Legal Settlement to offer a service plan**

17. Moved, but continuing Special Education services under IDEA in an INDIANA PUBLIC SCHOOL CORP/CHARTER SCHOOL NAME _____

18. Alternate Diploma

Person completing form: _____ Date: _____