

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