Cooperative School Services

1389 Saint Gaspar Drive Rensselaer, IN 47978

Phone (219) 866-8540 / (800) 832-3394 ~ Fax (219) 866-4668

STUDENT EXIT INFORMATION

Student Name		
Date of Birth		
School Corporation		
Placement School		
Teacher of Record		
DATE OF EXIT:	MUST BE THE SAME DATE AS ON THE REAL	. TIME REPORT
Student has exited due	to:	
Returned to regular	education, no IEP in effect or Parent de	clines services
Graduated with diploma		
Graduated with certificate, fulfill IEP, received GED		
☐ Dismissed from Sp	eech/Language Only	
Reached maximum	age	
Deceased		
☐ Dropped Out		
Placed in Residential/Treatment Facility (Other than by school)		
Other [Moved out of court in facility, Inc.	f State, Homeschooled with no services arcerated]	at parent request, Placed by
TRANSFER TO:		
	☐ Home Schooling – With consulting ☐ Another Public School – Within our What Corp/School?	
Another School Within the State of Indiana		
	Out of State – Which State?	
Signature of Person Completing Form:		Date:
Original to Student Permanent File; Copies to Special Ed. Coordinator & Cindy Cook Revised 6/10		