

Special Education Exit Form

Student _____ Grade _____ SS# _____
Parent or Guardian _____ Student ID # _____
Address _____ Phone _____
DOB _____ School _____ State Testing ID _____
Current Special Education Program _____ Date of Exit: _____

The student is exiting and is no longer eligible for special education services because:

- The student is no longer eligible for special education services based on a variety of assessments as documented in an Eligibility Report.
- The student graduated with a standard or advanced diploma.
- The student reached the age of 22. (Students reaching their 22 birthday during the school year are entitled to continue through the end of that school year).

The student is exiting, but continues to be eligible for special education services because:

- The student received a, special diploma, certificate of completion, General Equivalency Diploma, or General Achievement Diploma.
The student may continue to receive special education services if he/she re-enrolls before reaching the age of 22.
- The student transferred to another district
Is the student known to be continuing in special education Y N
Have special education records been requested by the receiving district? Y N
Have special education records been sent to the receiving district? Y N
- The student dropped out of school
The student may continue to receive special education services if he/she re-enrolls before reaching the age of 22.

Summary of academic achievement and functional performance: *(not required for transfers)*

Present Level of Performance (Upon Exit):

Academic: Above average Average Below Average Well below Average

Social: Gets along well with others Some difficulty getting along with others
 Great difficulty getting along with others

Physical: No physical limitations Mild physical limitations significant physical limitations

Anticipated Services Required (Upon Exit):

- | | | |
|---|---|---|
| <input type="checkbox"/> Counseling/Guidance | <input type="checkbox"/> Transportation | <input type="checkbox"/> Evaluation VR Services |
| <input type="checkbox"/> Family Services | <input type="checkbox"/> Independent Living | <input type="checkbox"/> Physical/Mental Restore |
| <input type="checkbox"/> Vocational/Training Services | <input type="checkbox"/> Residential Services | <input type="checkbox"/> Transition Employment Services |
| <input type="checkbox"/> Interpreter Services | <input type="checkbox"/> Vocational Placement | <input type="checkbox"/> Reader Services |
| <input type="checkbox"/> Post Employment | <input type="checkbox"/> Technological Aid | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Other Services: | | |

Martinsville City Public Schools

Recommendations on assisting the student in meeting post-secondary goals: (for students leaving high school)

Post Secondary Education Goal:	Recommendations:
Post Secondary Employment Goal:	Recommendations:
Post Secondary Independent Living Goal	Recommendations:

This form was completed by _____.

If you have any additional questions, I can be reached at _____
at _____.

I have received the Virginia Special Education Procedural Safeguard Notice, and understand the Martinsville City Schools' proposal and my rights.

Student Signature _____ **Date** _____
Parent Signature _____ **Date** _____

If you are exiting high school, you will be contacted sometime next year for a brief survey to help improve our transition activities for students with disabilities. What will be the best way to contact you at that time? **Please provide permanent contact information below:**

Name: _____ Relationship _____ Phone _____
Address: _____
Additional Contact Information: _____

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Senior Exit Codes

Please circle the code that best describes the reason this student exited high school:

- 2 Reached Maximum Age
- 6 Dropped Out
- 7 Graduated with an Advanced Studies Diploma
- 8 Graduated with a Standard Diploma
- 9 Received a Modified Standard Diploma
- 10 Received a Special Diploma
- 11 Received a Certificate of Completion
- 12 Received a GED/GAD Certificate