

Speech/Language Exit Form

This form is to be used only for students who will continue to qualify for another special education service. If all members of the IEP committee are not in agreement, the student should be referred for a speech/language reevaluation.

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

Most Recent Test Data:

Current Classroom Performance:

Discontinuation of speech/language services is being recommended because:

- The student's speech/language functioning is in the average range.
- The student's speech/language functioning is commensurate with his/her cognitive ability, and no further progress is likely.
- The student has been receiving therapy for ___ years, and maximum benefit has been obtained.
- The student's speech/language impairment is not having an educational impact on his/her functioning in the school setting.
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Signatures of IEP team members:

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

Parent Signature _____ **Date** _____