

IBERVILLE PARISH SPECIAL EDUCATION PROGRAM

EXITING REPORT

IDENTIFYING INFORMATION

Student: _____ DOB: _____ Phone: _____
 Parent/Guardian: _____ Address: _____
 SS#: _____ Age: _____ Sex: _____ Race: _____
 School: _____ Exceptionality: _____ Grade: _____

EXITING INFORMATION

Date of Exit: _____

- | | |
|--|--|
| _____ 01 Transferred to Regular Education | _____ 10 **Withdrawal//Denial of Parental Approval |
| _____ 02 Death | _____ 11 Exited with a Locally Designed Skills |
| _____ 03 *Dropped Out (Please comment) | _____ 12 Graduated w/ (GED) |
| _____ 04 *Moved To: _____ | _____ 13 Locally Designed Skills Certificate |
| _____ 05 Graduated with H.S. Diploma | _____ 14 Industry Based Skills Certificate |
| _____ 06 Graduated w/Cert. of Achievement | _____ 15 Certificate of Course Work/Activities |
| _____ 08 Reached 22 nd Birthday | |
- * Attach school copy of drop form signed by parent

Exiting Comments: _____

NOTE: ** Parent signature is needed if #10 is checked.

I was given the opportunity to place my child in a special program. However, I refuse at this time.

PARENT SIGNATURE

DATE

INDIVIDUALIZED TRANSITION PROGRAM (ITP)

Exit Status is required only if Exit Reason above is 03, 05, 06, 08, 11, 12, 13, 14, 15, or 16

EXIT STATUS: Please check appropriate services.

1. TYPE: Exit Initial Plan Exit First Year Follow-up Exit Third Year Follow-up
2. CONTACT: Died Moved/Not Able to Contact Incarcerated Successfully Contacted
3. LIVING ARRANGEMENT: Live with Parents/Other Family On My Own With Friends Agency Supported:
 Apartment Agency Supported: Group Home Agency Supported: Adult Nursing Home Other _____
4. PLAN TO WORK: 4 Year University Community College Voc Tech School Military
 Do Not Plan to Attend Other Specialized Training
5. RECREATION: Sports Church Life-long Learning Classes Volunteer Spending Time with Family
6. AGENCY: LRS BCSS OCDD OMH SSA None of the listed

PRINCIPAL'S SIGNATURE

DATE

TEACHER'S SIGNATURE

DATE