

Grant Parish School Board
Special Education Services
Program Exit Information

Date: _____

STATE ID NUMBER: _____

Name: _____
Last First Middle

DOB: _____

School: _____

Date of Exit From Special Education Program: _____ **Teacher:** _____

Reason for Exit: _____ Transfer to Regular Education

_____ Death

_____ Louisiana Equivalency Diploma (GED)

_____ Dropped Out

_____ Industry Based Skills Certificate

_____ Moved, Known to be Continuing

_____ GED & Industry Based Skills Certif.

Moved to: _____

_____ High School Diploma

_____ Revocation of Consent

_____ Certificate of Achievement

_____ State Approved Skills Certificate

_____ Reached 22nd Birthday

_____ GED and State Approved Skills Certificate

_____ Locally Designed Skills Certificate

_____ GED and Locally Designed Skills Certificate

Re-Eval Decline Date: _____

Parent:

I am requesting that my child be terminated from the Special Education Program for the following reason(s):

Parent/Guardian Signature

Date

DATE RECEIVED IN SPECIAL EDUCATION DEPARTMENT: _____