

EAST CENTRAL INDIANA SPECIAL SERVICES

WITHDRAWAL/INFORMATION SHEET

Student _____ Date of Birth _____ School _____

Parent/Guardian _____

Address _____

Street Address

City

State

Zip Code

Teacher of Record _____ Area of Exceptionality _____

Date Withdrawn _____ Date Attendance Office Notified _____

REASON FOR WITHDRAWAL (Please check one):

_____ Transferred to another ECISS Co-op School (School Name) _____

_____ Moved out of the ECISS District (please also check below)

_____ Student moved out of district, known to continue

_____ Student moved out of State, known to continue

_____ Student moved out of district, not known to continue

_____ Returned to regular education, no IEP in effect

_____ Parent revoked consent for special services

_____ Graduated with diploma

_____ Graduated with certificate, fulfilled IEP, received GED

_____ Reached maximum age of 22

_____ Deceased

_____ Dropped out* (age 16 or older) Date of exit interview** _____

_____ Dropped out to home school, or enrolled in a nonpublic school, but declines services offered in ISP and files no revocation of consent

_____ Student is placed in a correctional facility

_____ Discontinued special education services within Indiana for another reason

* Please follow the general education guidelines with regard to students under 17 years of age.

** Please attach exit form

Please send this notice to the Special Services Office so that we may have an accurate accounting of students withdrawing from your building. A copy should also be filed in the student's cumulative record