## Grant Parish School Board

## Special Education Services Special Education Exit / Service Exit / Provider Change

State ID:		Date:		
· · · · · · · · · · · · · · · · · · ·	Name:Last			
	Last School:			Middle
			cacher.	
Exit Date from Special Educ Exit Reason:	cation Program:			
		d the student no longer qualifies for Special Education Services)		
☐ Dropped Out		☐ Moved out of State/Known to be Continuing		
☐ HS Diploma (Regular Assessment)		☐ HS Diploma (Alternate Assessment – Jumpstart)		
☐ HS Diploma (Alternate Assessment – Grandfathered)		☐ ◆Non-Diploma Certificate of Achievement		
☐ Reached 22 <sup>nd</sup> Birthday or Previously Earned Diploma		☐ ◆Louisiana High School Equivalency Diploma (LHSD)		
☐ ◆Non-Diploma LHSD & Industry Based Skills Certificate		☐ ◆Non-Diploma LHSD & State Approved Skills Certificate		
◆ Re-Evaluation Decline Date:		☐ Death		
☐ Revocation of Consent (Fe	orms Attached)			
Service Exit Date:	(Service Termi	nated) Provider Change l	Date:	
Service Exit Reason (Termin	nation Reason)			
☐ Withdrawal of Parental Approval		☐ Progress Indicates Services no Longer Needed		
☐ Health Prevents Continuation		☐ Moved Out of State		
□ * Moved/Transferred Within State/LEA				
☐ Moved/Transferred Wi		☐ Service Provider Change		
*	thin State/LEA	☐ Service Provider Change		
*  Name of School and/or Pa	thin State/LEA	☐ Service Provider Change		
* Name of School and/or Pa	thin State/LEA			-
* Name of School and/or Pa Name of New Service Provi	rish der:			-
* Name of School and/or Pa	rish der:			-
* Name of School and/or Pa Name of New Service Provi	rish der:			-

Date Received in Special Education Department