

STUDENT EXIT FORM

Mail to: Yellowstone-West/Carbon County
Special Services Cooperative
714 E. 5th St.
Laurel MT 59044

FAX: 406-633-4286

Special Education Exit Information

Date of Exit: _____

Student: _____

D.O.B: _____

School: _____

Grade: _____

Parent/Guardian: _____

Person Completing Form: _____

The above-named student exited from a special education program in the Yellowstone-West/Carbon County Special Services Cooperative for the following reasons: (check all that apply)

___ Graduated

___ Moved, known to be continuing

___ Moved, not known to be continuing

___ Returned to regular education

___ Died

___ Other _____