**Avoyelles Parish School Board**

**Education Exit Agreement**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Meeting Date: | Student Name: | | Date of Birth: | SASID#: | |
| Individual Evaluation Date: | | Primary Exceptionality: | | Secondary Exceptionality: | |
| Homebased School: | | Grade: |  |  |  |

**IEP Participants:**

|  |  |  |
| --- | --- | --- |
| Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ODR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Sp. Ed. Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Reg. Ed. Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**The above named student who is currently receiving special education services is being formally exited from special education for the following reason:**

Transferred to Regular Education  Louisiana High School Equivalency Diploma (LHSD)

Death  Reached 22nd Birthday or Previously Earned Diploma

Dropped Out  Moved Out of State/Known to be Continuing (State moved to \_\_\_\_\_\_\_\_\_\_\_\_)

High School Diploma (Regular Assessment)  Revocation of Consent

High School Diploma (Alternate-Assessment-Jumpstart)  Non-Diploma LSHD & Industry Based Skills Certificate

High School Diploma (Alternate Assessment-Grandfathered)  Non-Diploma LHSD & State Approved Skills Certificate

Non-Diploma Certificate of Achievement

After discussing my child’s educational status and applicable state regulations, I am aware of and approve the proposed exit from special education services.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian/Surrogate Parent Date of Signature

TO BE COMPLETED BY DIRECTOR/SUPERVISOR OF SPECIAL EDUCATION

In accordance with the IEP committee decision and parent/guardian/surrogate approval, the aforementioned student has been formally exited from the special education program listed above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Special Education Supervisor Date of Signature

*Submit Copies to: Special Education Director/Supervisor Student’s Folder Parent Pupil Appraisal Spokesperson*