**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*