FRANKLIN AND JEFFERSON COUNTIES SPECIAL EDUCATION
DISTRICT #801
409 East Park P. O. Box 1027 Benton, Il 62812 Phone 618-439-7231 Fax 618-438-2210

STUDENT FACTS DATA

EXIT ONLY

PURPOSE: STUDENT EXITING SPECIAL EDUCATION

This form is to be used to indicate **WHEN A STUDENT EXITS SPECIAL EDUCATION COMPLETELY OR EXITS FROM A DISTRICT**. This form is **not** to be used for new students or to report changes in information.

Complete only the information to be changed unless otherwise indicated.

MUST BE COMPLETED

LAST_____ STREET _____

FIRST_____ CITY _____

DATE OF BIRTH___ / ____ / _____ STATE _____ZIP _____

PARENTS NAME _____

RELATION _____

STUDENT'S SPECIAL EDUCATION TEACHER

_____

FACTS SHEET PREPARER'S SIGNATURE

x_____ DATE_____ / _____ / _____

EXIT DATE___/_____/_____

1. REASON FOR EXIT

Circle the code listed below that most accurately describes the reason that the student is no longer receiving special education services or no longer listed on facts in the same manner. **(Note: Codes 01, 02, 03, and 04 are intended for high school age students only. Elementary districts may not use these codes.)**

01. Graduated from high school with diploma.
02. Graduated from High school through certificate
03. Reached maximum age for special education services.
04. Dropped out (age 15 or older only). Complete Item 2.
05. Deceased.
06. Enrolled in another district.
Specify District: _____

07. Unknown if enrolled in another district.
08. Elementary district to high school district.
09. Returned to Regular Education full time
10. Withdrawn by parent
11. Placed in Rehabilitation ,Mental Disabilities
12. Refused Service
13. Completed requirements for GED.
14. Runaway from Home.
15. Attending alternative educational setting
16. Attend interim alternative ed setting Max 45 days
17. Suspended for 10 or fewer days
18. Suspended more than 10 days & services provided.
19. Expelled –Sp Ed service provided in alternative setting
20. Change Name, DOB, Fund, etc