**Morehouse Parish School Board**

 **Special Educational Services**

**Notice of Termination of Special Education Services**

 **(Submit the completed form to the Supervisor of Special Education immediately following termination of services)**

**STUDENT**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **D.O.B.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_S**SN:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXCEPTIONALITY:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SCHOOL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check appropriate box and include requested information:**

**1. TERMINATION OF SERVICES ---OFFICIAL EXIT DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[PLEASE NOTE: No student can be arbitrarily terminated. Termination occurs ONLY for the reasons indicated below.]**

 **[ ] 1. Transferred to Regular Education [Tested Out to be Non-Exceptional]**

 **Transferred to Regular Education [No Longer Receiving Gifted Services] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **PARENT SIGNATURE**

 **[ ] 2. Death**

**[ ] 3. Dropped - Withdraw from school (17 years of age/or under) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **PARENT SIGNATURE**

**Dropped - Withdraw from school (18 years of age/or older) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **STUDENT SIGNATURE**

 **A. Home Schooling B. Adult Education C. No Show**

 **D. Incarcerated E. Private School**

 **[ ] 4. Moved OUT OF STATE to be continuing In ANOTHER STATE Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] 5. High School Diploma**

 **[ ] 6. Certificate of Achievement**

 **[ ] 7. Reached 22nd Birthday**

 **[ ] 8. Locally Designed Skills Certificate**

 **[ ] 9. Revocation of Consent**

 **If a parent chooses to withdraw their child from all special education services, but will remain in regular education a REVOCATION OF CONSENT form must be signed by the parent.**

**EXIT STATUS: (Complete this section if 5, 6, or 8 is checked above)**

 **[ ] 1. Completed Transition [ ] 2. Incomplete Transition**

 **[ ] 3. Adult Agency Acceptance [ ] 4. In Competitive Employment**

 **[ ] 5. In Sheltered Employment [ ] 6. Unemployed**

 **[ ] 7. Technical College [ ] 8. Military**

 **[ ] 9. Community College-In State [ ] 9. Community College-Out of State**

 **[ ] 11. University/College-In State [ ] 10. University/College-Out of State**

 **[ ] 13. Proprietary School [ ] 99. Other**

**Date: Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Supervisor of Special Services Date Received Date**

**Date Entered In SER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **8/1/15**