

HANCOCK COUNTY SCHOOLS

SPECIAL EDUCATION DEPARTMENT

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SPECIAL EDUCATION DATA COLLECTION **EXIT** FORM

USE THIS FORM WHEN A STUDENT CHANGES TEACHER OF RECORD WITHIN THEIR SCHOOL, WHEN A STUDENT CHANGES SCHOOLS WITHIN HANCOCK COUNTY, WHEN YOU NEED TO EXIT A STUDENT TO REGULAR EDUCATION (INCLUDING DC FROM DUPLICATED SERVICES), FOR GRADUATING STUDENTS OR STUDENTS THAT HAVE REACHED THE MAXIMUM AGE, FOR DECEASED STUDENTS, AND IF THE STUDENT TRANSFERS OUT OF COUNTY/STATE.

TODAY'S DATE: _____

STUDENT'S WVEIS#: _____

NAME: _____

(NO NICKNAMES; CORRECT SPELLING OF STUDENT NAME REQUIRED)

GRADE: _____

TEACHER/SERVICE PROVIDER NAME: _____

SCHOOL: _____

EXCEPTIONALITY TO BE EXITED: _____
(CHOOSE ONE BELOW)

DUPLICATED/UNDUPLICATED? _____
(D/U)

AU	AUSTISM	MM	MILDLY MENTALL IMPAIRED	RI	INTERPRETING SERVICES
BD	BEHAVIOR DISORDER	MP	PROFOUNDLY MENTALLY IMPAIRED	RL	DUPLICATED SPEECH SERVICES
BP	BEHAVIOR INTERVENTION PLAN (DUPLICATED)	MS	SEVERELY MENTALLY IMPAIRED	RM	MEDICAL SERVICES (DIAGNOSTIC/EVAL ONLY)
BS	BRAILLE SUPPORT	OH	OTHER HEALTH IMPAIRED	RN	COUNSELING SERVICES
CD	COMMUNICATION DISORDER	PC	PERSONAL CARE SERVICES	RO	OCCUPATIONAL THERAPY
DB	DEAF/BLINDESS	PH	ORTHOPEDIC IMPAIRMENT	RP	PSYCHOLOGICAL SERVICES
DF	DEAFNESS	PS	USED FOR PRESCHOOL DEVELOPMENTAL DELAY ONLY	RS	SOCIAL WORK SERVICES
GF	GIFTED	RA	AUDIOLOGY	RY	PHYSICAL THERAPY (DUPLICATED)
HI	HEARING IMPAIRED	RB	REHABILITATION COUNSELING	SS	SIGN SUPPORT
LD	SPECIFIC LEARNING DISABILITY	RH	SCHOOL HEALTH SERVICES (NURSES ONLY)	TS	TRANSITION SERVICES
MD	MODERATELY MENTALLY IMPAIRED			VI	VISION IMPAIRED

EXIT DATE: _____

EXIT CODE: _____

(NO CODE NECESSARY IF THE STUDENT REMAINS IN HANCOCK COUNTY)

35 – RETURN TO REGULAR EDUCATION

40 – GRADUATED WITH A REGULAR DIPLOMA

50 – GRADUATED WITH A MODIFIED DIPLOMA

70 – REACHED MAXIMUM AGE

75 – DECEASED

80 – TRANSFERRED OUT OF COUNTY/STATE - MOVING TO: _____

COMMENTS: _____