

**RICHLAND PARISH SCHOOL BOARD
SPECIAL EDUCATION SERVICES**

____ Update
____ Correction

SPED 7

NOTICE OF TRANSFER OR TERMINATION OF SPECIAL EDUCATION SERVICES

Student: _____ SSN: _____
 (Last) (First) (Middle)

Exceptionality: _____ School: _____

D.O.B.: _____ Exit Date: _____

Transfer/Termination of Services

Exit Reason

- ____ 01 Declassified/Returning to Reg. Education
- ____ 02 Death
- ____ 03 Dropped Out
- ____ 05 Graduating with High School Diploma
- ____ 06 Graduating with Certificate of Achievement
- ____ 07 Moved/Transferred (Where)*: _____
- ____ 08 Reached 22nd Birthday
- ____ 10 Withdrawal of Approval
- ____ 11 Exited with Skills Certificate
- ____ 12 Graduated with LA Equivalency Diploma
- ____ 13 Graduating with GED & Skills Diploma

**Moved out of State can only be used if the parent gives written notice or if an out-of-state record request is received.*

This portion must be filled out if the student exits with a 05, 06, or 08 code.

Exit Status

- ____ 01 Completed Transition
- ____ 02 Incomplete Transition
- ____ 03 Adult Agency Acceptance
- ____ 04 In Competitive Employment
- ____ 05 In Sheltered Employment
- ____ 06 Unemployment
- ____ 07 Postsecondary Training
- ____ 08 Military
- ____ 09 Other

Teacher Name: _____ Date: _____

If reason for exit is Withdrawal of Approval, complete the following:

I am requesting that my child be terminated from the Special Education program for the following reasons:

Date: _____ Parent/Guardian Signature _____