

**RALEIGH COUNTY SCHOOLS
COMPLETION/INTERRUPTION OF COUNTY SPECIAL EDUCATION SERVICES**

STUDENT _____

Last

First

Middle

Date of Birth: _____ WVEIS# _____ School _____

Check the appropriate box(es) <u>The Student:</u>	Date:	Comments	Entered By: (Name)
<input type="checkbox"/> no longer meets eligibility criteria (See IEP)			
<input type="checkbox"/> completed requirements for graduation (See IEP)			
<input type="checkbox"/> received General Equivalency Diploma (GED)			
<input type="checkbox"/> reached maximum age limit (21 years)			
<input type="checkbox"/> withdrew (i.e. dropped out, left sp.ed. program)			
<input type="checkbox"/> transferred out of state, to _____			
<input type="checkbox"/> transferred out of county, to _____			
<input type="checkbox"/> was placed in out-of-state special education			
<input type="checkbox"/> was placed by an agency, where _____			
<input type="checkbox"/> was placed by the court, where _____			
<input type="checkbox"/> is hospitalized (see physician's report)			
<input type="checkbox"/> moved to another school, where _____			
<input type="checkbox"/> other (explain)			