

## STUDENT UPDATE

This form must be completed on any student that exits your program.

NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_ SCHOOL \_\_\_\_\_

PROGRAM \_\_\_\_\_ TEACHER OF RECORD \_\_\_\_\_

DATE OF EXIT: \_\_\_\_\_

Termination Reason:

\_\_\_\_\_ Return to regular education no IEP in effect      \_\_\_\_\_ Student moved to \_\_\_\_\_

\_\_\_\_\_ Graduated with diploma      \_\_\_\_\_ Dropped out (must be at least 16)

\_\_\_\_\_ Graduated with certificate

\_\_\_\_\_ Reached maximum age

\_\_\_\_\_ Deceased

.....

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

Send completed form to:

R.O.D. – Special Education Cooperative  
925 N. Meridian Street  
Suite 100  
Sunman, Indiana 47041  
[rodse@etczone.com](mailto:rodse@etczone.com)  
Fax Number:812-623-2315