

## COMPLETION/INTERRUPTION OF COUNTY SPECIAL EDUCATION SERVICES

Student: \_\_\_\_\_  
Last
First
Middle or \*if no Middle Name

Date of Birth: \_\_\_\_\_ WVEIS#: \_\_\_\_\_ County: Mercer School: \_\_\_\_\_

Check the appropriate boxes. The Student:	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 (23) years			
<input type="checkbox"/> withdrew (i.e.: 16 years old; left Special Education program)			
<input type="checkbox"/> transferred out of state, to			
<input type="checkbox"/> transferred out of county, to			
<input type="checkbox"/> transferred to another school, where			
<input type="checkbox"/> was placed by an agency, where			
<input type="checkbox"/> was placed by the court, where			
<input type="checkbox"/> hospitalized (see physician's report)			
<input type="checkbox"/> other (explain)			

Comments: (Initial and date)