

STUDENT EXIT FORM

**Mail to: Yellowstone-West/Carbon County
Special Services Cooperative
2016 Grand Ave, Suite C
Billings MT 59102**

FAX: 406-839-2345

Special Education Exit Information

Date of Exit: _____

Student: _____

D.O.B: _____

School: _____

Grade: _____

Parent/Guardian: _____

Person Completing Form: _____

The above named student exited from a special education program in the Yellowstone-West/Carbon County Special Services Cooperative for the following reasons: (check all that apply)

____ Graduated

____ Moved, known to be continuing

____ Moved, not known to be continuing

____ Returned to regular education

____ Died

____ Other