

Baldwin County Board of Education
Programs for Exceptional Children
110 North ABC Street
Milledgeville, GA. 31061
Phone: 478.457.2910 Fax: 478.457.2921
www.baldwin-county-schools.com/special

Date: _____

DISMISSAL/ TERMINATION of SERVICES FORM

_____ has been dismissed from the _____
(student's name) (name of program)
Program at _____. He/she will be placed in the _____
(name of school) (grade)
at _____. This change will take place on _____.
(name of school) (date)

REASONS FOR DISMISSAL – CHECK ALL THAT APPLY:

- _____ The committee determined that the student's needs can be addressed in another academic setting.
- _____ The student does not meet state eligibility criteria.
- _____ The student, teacher, and staffing committee conclude that the goals and objectives have been achieved and that the student can function adequately in the regular classroom setting.
- _____ The student exceeds legal school age, transfers, or withdraws from public school.
(CIRCLE APPROPRIATE ACTION)
- _____ The student has graduated.
- _____ A parent or legal guardian requests that services be discontinued.
_____ Without teacher recommendation
Reason(s): _____

- _____ Other: _____

SIGNATURES OF COMMITTEE MEMBERS

Parent/Legal Guardian _____	Date: _____
Teacher _____	Date: _____
Teacher _____	Date: _____
Teacher _____	Date: _____
Teacher _____	Date: _____
Counselor _____	Date: _____
Principal _____	Date: _____