



Shiawassee
Regional Education Service District

General Ed Plan of Care Exit Form

Student Name: _____		DOB: _____
District: _____		Date: _____
<u>REASON FOR EXIT/ DISCONTINUATION OF PLAN</u> (check appropriate response)		
	RELOCATED:	DATE
	In-County (area if known)	
	Out-of-County (area if known)	
	Other (area if known)	
		DATE
	PARENT REQUEST	
	COMPLETED GOALS	
	OTHER	
Verified by:		
Title:		
Phone:		
FAX TO SRES D – Central Records (989) 743-9601		