

**St. Martin Parish School Board
Special Services
Gain or Loss in Class Enrollment**

Student's Name: _____

Date of Birth: _____

Classification: _____

School: _____

GAIN— Date Student Entered Program: _____

Reason:

- ☐ Moved from out of parish (copy of evaluation report attached)
☐ Moved from within parish; School: _____
☐ Transfer from another class within school
☐ Other (specify) _____

Parent's Name and Address: _____

PHONE: _____

LOSS—Date of Loss: _____

Reason: Be very specific -- Statistics are compiled for federal reports

- ☐ Declassification
☐ Death
☐ Dropped out
☐ Graduated with High School Diploma
☐ Graduated with Certificate of Achievement
☐ Moved/Transferred out of state
☐ Reached 22nd birthday
☐ Returned to regular education -- special education no longer needed
☐ Withdrawal of Approval
☐ Other: _____

FEDERAL REQUIREMENT:

Complete this section for all students who exited from St. Martin Parish School System. Please check services the student might need during the next school year.

- | | |
|--|---|
| <input type="checkbox"/> Counseling/guidance | <input type="checkbox"/> Evaluation of VR services |
| <input type="checkbox"/> Physical/mental restoration | <input type="checkbox"/> Vocational/training services |
| <input type="checkbox"/> Transit employment service | <input type="checkbox"/> Vocational placement |
| <input type="checkbox"/> Post employment | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Family services |
| <input type="checkbox"/> Independent living | <input type="checkbox"/> Residential services |
| <input type="checkbox"/> Interpreter services | <input type="checkbox"/> Reader services |
| <input type="checkbox"/> Technological aids | <input type="checkbox"/> Other services |
| <input type="checkbox"/> No special services | |

SPECIAL SERVICES TEACHER _____

DATE _____

PRINCIPAL _____