

FSM DEPARTMENT OF EDUCATION – Response to Intervention (RTI)

Termination of Services Form

This form must be used by case managers or other authorized personnel to TERMINATE a student from SITS. The Termination Form should be completed and delivered to Special Education Data Manager along with supporting documentation.

Name of Student:		Date:
School:	Grade:	DOB:

<p>Screening Information: Based on the screening information gathered, the student meets the following criteria for referral to the CAT. Attach appropriate documentation.</p> <p> <input type="checkbox"/> Criteria 1 – Special Education Evaluation <input type="checkbox"/> Criteria 2 – Refer for Intervention Plan <input type="checkbox"/> Criteria 3 – Special Education Evaluation <input type="checkbox"/> Criteria 5 – Special Education Evaluation <input type="checkbox"/> Criteria 6 – Experiencing Other Concerns (see attached checklist) </p>
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<p>Decision to Terminate Student: Students may only be terminated from SITS for specific reasons. To terminate a student from SITS, please select one box below that describes how the termination decision was made. Attach appropriate documentation.</p>	
<input type="checkbox"/> Received a Certificate	<input type="checkbox"/> Graduated with Regular Diploma
<input type="checkbox"/> Determined to be Ineligible	<input type="checkbox"/> Moved; Known to be continuing
<input type="checkbox"/> Moved; Not known to be Continuing	<input type="checkbox"/> CAT Team determined student performance satisfactory
<input type="checkbox"/> Reach Maximum Age	<input type="checkbox"/> No Longer Receiving Special Education
<input type="checkbox"/> Dropped Out	<input type="checkbox"/> Died
<input type="checkbox"/> DELETE Record	

<p>Comments: Please fully describe why the student was terminated.</p> <p>_____</p> <p>_____</p>

Termination Form Submitted by:		
_____	_____	_____
Name	Title/Position	Date
Contact Information (Phone number and/or address)		

Termination Data Entered into SITS by:		
_____	_____	_____
Name	Title/Position	Date