

**FSM DEPARTMENT OF EDUCATION SPECIAL EDUCATION PROGRAM**

**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.

<b>Name of Student:</b>		<b>Date:</b>
<b>School:</b>	<b>Grade:</b>	<b>DOB:</b>

**Screening Information:** Based on the screening information gathered, the student meets the following criteria for referral to the CAT. Attach appropriate documentation.

- |  |  |
|--|--|
| <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) |  |

**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.

<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	

**Comments:** Please fully describe why the student was terminated.

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\_\_\_\_\_

**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