

Address Upon Release: _____

Schedule Type: Traditional _____
Block _____
Performance Based _____

Participated In (Therapy Type): Substance Abuse _____
Mental Health _____

Facility: _____

Educational Exit Plan – Youth Services (Hillsborough County)

Student Name: _____ Exit Meeting Date: _____

Grade Level: _____ Credits: _____ # In Progress: _____ Entry Date: _____

DOB: _____ Age: _____ Projected Release Date: _____

ESE Student: Yes _____ No _____ Program Served: _____

Diploma Option: Standard / Special-Option 1A / Awaiting GED Results / Earned GED

Case Manager: _____

Completion of Program: Successful / Unsuccessful / Behavioral Transfer / Loss of Jurisdiction

Direct Release: _____ Conditional Release: _____ Post Commitment Probation: _____

Conditional Release Counselor / JPO: _____

Conditional Release Agency: _____

Returning to the Following County: _____

Recommended School Placement Type: MS / HS / GED Prog. / Alt Ed / Career Ctr. / College

Person Responsible to Help Student with Enrollment: _____

Additional Comments (Academic/Vocational/Behavioral): _____

BASI Assessments: Reading Comp _____ GE / Math Comp / App _____ GE / Lang Mech _____ GE
Administered: Month _____ Year _____

Transfer of Documents to Case Management:

IEP / IAP-AIP # _____ Cumulative Transcript # _____ Exit Plan # _____ GED # _____

*Withdrawal form with grades in progress will be completed on day of student release. Yellow copy provided to student or mailed home.
Stands for number of copies provided at exit meeting for Conditional Release, JPO, Parent, Student, Case Management, etc.

Educational Rep(s) Present at Meeting: _____

Student: _____

Person Accepting Responsibility to Make Sure Educational Documents Get to the Appropriate

Places (Usually Case Management): _____