



Student Withdrawal Form

(Use for students currently enrolled in program only)

SITE AND STUDENT INFORMATION	
MECK Pre-K Site:	Lead Teacher:
Student's Full Name:	
Student's Date of Birth:	Date of Withdrawal:
REASON FOR WITHDRAWAL/SITE COMMENTS	
<input type="checkbox"/> Child moved out of service area <input type="checkbox"/> Parent choice- no longer interested in the program <i>(document conversation)</i> <input type="checkbox"/> Parent choice- choosing to go on waitlist for another site <i>(document conversation)</i> <input type="checkbox"/> Transportation <i>(explain)</i> <input type="checkbox"/> Transfer to MECK Pre-K location New Assignment _____ <input type="checkbox"/> Other <i>(specify)</i>	Additional Comments
Has this Child been referred for evaluation or identified with a disability? Pick one. Specify date of referral. <input type="checkbox"/> No (Skip to end of form) <input type="checkbox"/> Yes, prior to MECK Pre-K entry. <input type="checkbox"/> Yes, after MECK Pre-K entry. Enter date: _____	What was the decision from the disability evaluation for this Child? <input type="checkbox"/> No disability identified (skip to end of form) <input type="checkbox"/> Evaluation decision in process (skip to end of form) <input type="checkbox"/> One or more disabilities identified
Type of identified disability(ies) for this Child: (check all that apply) <input type="checkbox"/> Autistic <input type="checkbox"/> Deaf-Blind <input type="checkbox"/> Behaviorally/Emotionally Disabled <input type="checkbox"/> Educable Mentally Disabled <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Specific Learning Disabled <input type="checkbox"/> Multi-handicapped <input type="checkbox"/> Other Health Impaired <input type="checkbox"/> Orthopedically Impaired <input type="checkbox"/> Speech/Language Impaired <input type="checkbox"/> Severe/Profound Mentally Disabled <input type="checkbox"/> Trainable Mentally Retarded <input type="checkbox"/> Visual Impaired <input type="checkbox"/> Traumatic Brain Injured <input type="checkbox"/> Preschool Developmental Delayed	Does this Child have an active IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No Has this Child been referred to services related to disability? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this Child receiving services related to disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify type of services _____ _____ _____
SIGNATURES	
_____ Teacher/Date	_____ Director/Date

FOR ADMINISTRATIVE USE ONLY

Received by: _____ Date Received: _____