



EI/ECSE Exit or Transfer from Program Form

This form must be completed when a child leaves our program or transfers from one location to another.

Service Coordinator: Complete this form, attach to working file and return to support staff asap.
Please try to get as much information as possible about family's new address.

Child's Name: _____ **DOB:** _____

Date of exit or transfer: _____ **Done by:** _____

Moving in district

TRANSFER TO: BEND LA PINE REDMOND PRINEVILLE MADRAS

Reason for Exiting:	<input type="checkbox"/> DNQ <input type="checkbox"/> Family Moved In-State (out of district) <input type="checkbox"/> Family Moved Out of State <input type="checkbox"/> No Contact From Parents <input type="checkbox"/> Family Refusing Services
	Service Coordinator: an Action Page is required for any change in placement, including exiting the program for any and all reasons. See Service Provider Notebook for details.

→ Is child still eligible for special education services? **Yes** **No**

Is there a new address for family?

YES NO DON'T KNOW

New Guardians: (if foster family)
Street address:
City, State, Zip:
Phone:

For office use only

On registry page: If child is exiting enter exit date, code & reason; new address, if given.

- If child is exiting: purge and merge cum & working files; file away for future scanning.
- If child is transferring to another EI/ECSE location in district: make registry notes and send files to support staff at new location

ECData entry by: _____

Records Requests

RECORDS SENT on:	RECORDS SENT on:
TO:	TO: