

CHILD EXITING FORM 2009/2010



Census removal form for children registered with **The New England Consortium**

Please complete one form for **each child separating** with NEC.

Mail (or fax 617-972-7354) completed form to: New England Consortium of Deafblind Projects, 175 North Beacon Street, Watertown, MA 02472

CHILD NAME _____ **DOB** _____ **AGE** _____ **STATE** _____

Effective Date: _____

Reason for Separation: Please **CHECK ONLY ONE ITEM** below based on the child's age:

| Part C Exiting Status (For Ages Birth – Age 2) | |
|---|--|
| 0. _____ In a Part C intervention program | 6. _____ Deceased on: _____ |
| 1. _____ Completion of IFSP prior to reaching maximum age for Part C | 7. _____ Moved out of state |
| 2. _____ Eligible for IDEA, Part B | 8. _____ Withdrawal by parent (or guardian) |
| 3. _____ Not eligible for Part B, exit with referrals to other programs | 9. _____ Attempts to contact the parent and/or child were unsuccessful |
| 4. _____ Not eligible for Part B, exit with no referrals | 10. <i>Intentionally left blank</i> |
| 5. _____ Part B eligibility not determined | 11. <i>Intentionally left blank</i> |

| Part B Exiting (For Ages 3 – 21) | |
|---|-------------------------------------|
| 0. _____ In ECSE or school-aged Special Education Program | 7. <i>Intentionally left blank</i> |
| 1. _____ Transferred to Regular Education | 8. _____ Dropped Out |
| 2. _____ Graduated with Regular Diploma | 9. <i>Intentionally left blank</i> |
| 3. _____ Received a Certificate | 10. <i>Intentionally left blank</i> |
| 4. _____ Reached Maximum Age | 11. <i>Intentionally left blank</i> |
| 5. _____ Died | |
| 6. _____ Moved, Known to be Continuing | |

This child will be removed from the census following a complete census year cycle.

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| <p>Office Use Only: _____ Removed from database on: APRIL 30, _____ _____ Chart Filed _____ Select Archive in FMP</p> |
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