

## Surface Creek VISION Home and Community Program Exit Form

*This form must be completed when a learner withdraws from the Surface Creek VISION Program*

Full Name of Learner: _____	
Date of Birth: _____	Gender: _____ Current Grade Level: _____
Mailing Address: _____	
City: _____	State: _____ Zip code: _____
Telephone Number: _____	Cell Phone Number: _____
Name of Parent/Guardian: _____	
Work Telephone Number: _____	
Email Address: _____	

Anticipated last date of attendance at Surface Creek Vision HCP School	
First scheduled date of attendance in new educational program	

### REASON FOR WITHDRAWAL (EXIT CODE)

<input type="checkbox"/> *Transferring to another public school within the same district (11)	<input type="checkbox"/> Receiving Home-Based Instruction/home-schooling (16)
<input type="checkbox"/> *Transferring to another Colorado public school (13)	<input type="checkbox"/> Long-term Illness/Serious injury (30)
<input type="checkbox"/> *Transferring to a public school outside of Colorado (14)	<input type="checkbox"/> Drop out – Discontinued Schooling (40)
<input type="checkbox"/> *Transferring to a private school (15)	<input type="checkbox"/> GED completed (93)
<input type="checkbox"/> *GED Administered by Outside Institution (70)	<input type="checkbox"/> Graduation (90)
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Expelled (50)

**\*Please provide the following information if the student is transferring to another school or program.**

Name of New School/Program	
Street Address	
City, State and Zip code	
Country (if other than US)	

Satisfaction level with the Surface Creek Home and Community Program:

Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

How did the program benefit you?

Increase self-esteem	
Increase knowledge	
Increase skill levels	

Making choices	
Freedom of schedule	
Other	

If other is marked, please share with us how participating in this program has benefited you:

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Learner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Resource Consultant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional comments: \_\_\_\_\_

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To complete final exit:

All receipts for Purchase Orders and/or Reimbursements, must be turned into your Resource Consultant. *RC please initial when completed: \_\_\_\_\_*

**All durable goods must be purchased, returned, or arrangements must be made with your Resource Consultant.** *RC please initial when completed: \_\_\_\_\_*

**All final paperwork must be completed and turned into the VISION office (transcripts, attendance, etc.).** *RC please initial when completed: \_\_\_\_\_*

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