



ESL Student Exit Information

Name	School
Date Exit Meeting	Date Exit Effective
Total No. Yrs in ESL	Grade

Exit Testing Information

Name of Language Proficiency Test _____ Date _____

Scores									
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Current Grades

Content									
Grade									

REASONS FOR EXIT

- | | |
|--|--|
| <input type="checkbox"/> Met exit Criteria | <input type="checkbox"/> Graduated |
| <input type="checkbox"/> Moved from District (to unknown district) | <input type="checkbox"/> Dropped out of school |
| <input type="checkbox"/> Transferred to another District _____ | |

Specific Recommendations

We the undersigned participated in the ESL Exit Conference and indicated our agreement or disagreement with exiting the student indicated on this form.

Name	Position	Agree	Disagree