

ADD/DROP FORM

1. Add to Caseload

Student Name _____ DOB _____

Address _____

School _____ Grade _____

Services	Frequency	Services	Frequency
____ Special Class	_____	____ Occupational Therapy	_____
____ Resource	_____	____ Physical Therapy	_____
____ Speech/Language	_____	____ Adapted Physical Education	_____
____ Counseling	_____		

2. Drop/Terminated from Caseload

Student Name _____ DOB _____

Address _____

School _____ Grade _____

Services	Frequency	Services	Frequency
____ Special Class	_____	____ Occupational Therapy	_____
____ Resource	_____	____ Physical Therapy	_____
____ Speech/Language	_____	____ Adapted Physical Education	_____
____ Counseling	_____		

3. Reason for Exit (Please check one)

- ____ Moved
- ____ Objectives Met
- ____ Parent Request
- ____ Reassessment indicates services no longer warranted
- ____ Dropped Out
- ____ Graduation
- ____ Reached Age 21
- ____ Other (Please Explain) _____