

Aiken County Public Schools
Department of Special Programs
1000 Brookhaven Drive
Aiken, SC 29803
803-641-2621 Fax 803-641-2628

Notice of Withdrawal of Student During Evaluation Process

Student Name _____ Date of Birth _____

ACPS School _____ Date of Withdrawal _____

Date Department of Special Programs Became Aware of Withdrawal _____

Receiving School District/School _____

____ Initial evaluation OR ____ Reevaluation

Last step completed at time of withdrawal:

- ____ Referral received
- ____ Evaluation planning conducted
- ____ Permission to evaluate received
- ____ Direct testing begun
- ____ Direct testing completed
- ____ All evaluation components, including testing, obtained
- ____ Eligibility meeting scheduled
- ____ Eligibility meeting held and IEP meeting scheduled

Date permission to evaluate was received _____

Evaluation components which have already been obtained:

Lead person/contact for evaluation _____

Attachments:

- ____ "Consent for Evaluation"
- ____ "Evaluation Plan and Prior Written Notice of Evaluation/Reevaluation"

Fax this form and the attachments to the receiving school district and/or receiving school.

Date faxed _____ Faxed by _____

Attach record of fax transmission to this form and place in student's file.