

Durham Public Schools
Physical Therapy
P.O. Box 30002
Durham , NC 27702

Exit from Physical Therapy Services

Student's Name:

School:

Date of Birth:

Teacher/Grade:

Date of Exit:

Exceptionality:

Parents/Home Phone:

I. Reasons for Exit:

- Successfully completed school PT
- Problems cease to be educationally relevant
- Potential for further progress appears unlikely based on previous documented intervention attempts
- Parent/guardian/student decline further services
- Graduated
- Moved out of the county
- Transferred to another program
- Other: _____

II. Summary of current IEP goals and objectives:

III. Recommendations:

Physical Therapist