

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

**Exit from Physical Therapy Services**

**Student's Name:**

**Date of Birth:**

**Date of Exit:**

**Parents/Home Phone:**

**School:**

**Teacher/Grade:**

**Exceptionality:**

**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