



DJJ ELECTRONIC EDUCATIONAL EXIT PLAN

Sample

SECTION A: INPUT FROM TRANSITION MEETING

** The Educational Representative, at the DJJ facility, must complete Section A at the transition meeting. The plan will be completed within 5 working days after the 60 Day Transition Meeting. Email notification of completion will then be sent (via JJIS) to:*

1. Receiving School District – DJJ Transition Contact
2. Student’s Juvenile Probation Officer

Name of DJJ Program Educational Representative:

Phone: _____ Email: _____

Check appropriate box below:

Transition Plan (60-90 day):	<input type="checkbox"/>	Date: _____	(Section A)
Receiving School District Input:	<input type="checkbox"/>	Date: _____	(Section B)
Exit Plan (14 - 30 day):	<input type="checkbox"/>	Date: _____	(Section C)

Student Name: _____

Student ID: _____ Date of Birth: _____ DJJID#: _____

Home Address: _____

Critical Alerts: SO DCF/ Foster Care

Name of DJJ Program: _____

Student Entry Date: _____ Projected Release Date: _____ Grade: _____

HS Credits Earned while in Program: _____ HS Credits In Progress: _____

HS Cumulative Credits Earned: _____

8th to 9th grade promotion while at the Program: Yes No N/A

Schedule Type:

Traditional <input type="checkbox"/>	Block <input type="checkbox"/>	Traditional (with High School Equivalency Prep) <input type="checkbox"/>
Block (with High School Equivalency Prep) <input type="checkbox"/>	High School Equivalency Prep <input type="checkbox"/>	N/A <input type="checkbox"/>

ESE Student: Yes No

Exceptionality:

Section 504 Plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Limited English Proficiency Plan:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------	------------------------------	-----------------------------	-----------------------------------	------------------------------	-----------------------------

Diploma Type: Standard Special Diploma Performance-Based Exit Option (GED Exit Option)

Diploma Earned: Standard Special Diploma Performance-Based Exit Option (GED Exit Option)



DJJ ELECTRONIC EDUCATIONAL EXIT PLAN

(if applicable):

Date Diploma Earned: _____

Industry Career/Technical Certification Earned: _____

Referred to Vocational Rehabilitation: Yes No

Local Vocational Rehabilitation Contact Name: _____

Phone: _____

Testing Information

TABE Grade Equivalent Results (if applicable): **Date of Testing:** _____

Reading: _____ Writing: _____ Math: _____ Social Studies: _____ Science: _____

High School Equivalency Test Results (if applicable): **Date of Testing:** _____

Passed Overall: _____ If no, indicate any High School Equivalency Tests that have been passed:
Yes No LA: Math: Social Studies: Science:

Other Assessments: _____

Recommended School Placement:

MS HS: Alternative Ed: ESE Center: Virtual: N/A:

Reason for Alternative Education Recommendation

Poor behavior Credit Recovery

Adult Education Programs: _____ High School Equivalency (or) Credit Based Diploma

College: Career Technical Training: On Job Training:

Other: _____

Additional Comments _____

Preferred Career/Technical School Program of Study: _____

Desired Type of Employment: _____

School District DJJ Transition Contact: (Person who will assist in school placement)

Name	County	Address	Phone	Email
------	--------	---------	-------	-------

Juvenile Probation Officer:

JPO Name	Unit/ Circuit	Address	Phone	Email
----------	---------------	---------	-------	-------



DJJ ELECTRONIC EDUCATIONAL EXIT PLAN

SECTION B: RECEIVING SCHOOL DISTRICT - EDUCATIONAL PLACEMENT OPTIONS

** The receiving School District DJJ Transition Contact (or designee) must complete Section B within 15 working days after email notification.*

Email notification of completion will then be sent (via JJIS) to:

- 1. DJJ Program Educational Representative*
- 2. Student's Juvenile Probation Officer*

Name of Receiving School District: _____

School District DJJ Transition Contact: (Person who will assist in school placement)

Name	County	Address	Phone	Email
------	--------	---------	-------	-------

Possible School District Re-entry Placement Options: (with input from DJJ Community Re-Entry Team - if applicable)

School Name(s): _____

District/School Re-entry Placement Procedures:

The student must attend a meeting prior to registering for school: Yes No

Comments: _____

If date/time/location of meeting is available enter below:

Date: _____

Time: _____

Location (if available): _____



DJJ ELECTRONIC EDUCATIONAL EXIT PLAN

SECTION C: 14-DAY EDUCATIONAL EXIT PLAN

** The DJJ Program Educational Representative must review and finalize Section A, review Section B and complete Section C within 5 working days after the 14-Day Educational Exit Plan meeting. Email notification of completion will then be sent (via JJIS) to:*

1. *Receiving School District – DJJ Transition Contact*
2. *Student’s Juvenile Probation Officer*

Completion of DJJ Program Information:

Successfully Completed Program: Unsuccessful:

Comments: _____

Behavior Summary: Describe Student's behavior while in the program and in school:

Program Behavior: _____

School Behavior: _____

Has the student been involved in any physical altercations? Yes No

Describe _____

Has the student's time at the program been extended due to behavior? Yes No

Describe _____

Address Upon Release: Same as Section A Yes No

Address: _____

Youth living with upon release:

Name: _____ Relationship to Student: _____

Phone: _____

Juvenile Probation Officer:

JPO Name	Unit/ Circuit	Address	Phone	Email
----------	---------------	---------	-------	-------

Person sending Educational Records to Receiving School District DJJ Transition Contact:

Name: _____ Phone: _____

Email: _____

Records will be submitted by: FAX Email Records will be submitted on Date: _____
(3-5 days prior to release)

Additional Comments:
