

**Florida Department of Education
Exit Interview
(Designated School Personnel)**

To be completed by school guidance counselor or other school personnel:

School Name _____ School District _____

Student Name _____ Withdrawal date: __/__/__

Grade Level _____ Student ID# _____

Student DOB _____ School Transcript (*Please Attach*)

What is the *primary* reason the student is terminating school enrollment? (check one)

- | | | |
|---|---|--|
| <input type="checkbox"/> Classes not interesting | <input type="checkbox"/> Marriage | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Student/teacher conflict | <input type="checkbox"/> Parenting | <input type="checkbox"/> Suspended too often |
| <input type="checkbox"/> Friends dropped out | <input type="checkbox"/> Illness | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Failing classes | <input type="checkbox"/> Migrant | <input type="checkbox"/> Truancy/Absenteeism |
| <input type="checkbox"/> Did not like school | <input type="checkbox"/> Expelled | <input type="checkbox"/> Failed to pass FCAT |
| <input type="checkbox"/> Family Problems | <input type="checkbox"/> Intimidated/Threatened/Bullied | |

Other: _____

Was the student in an alternative program prior to withdrawal from school? Yes No
If no, was an alternative program available? Yes No
If yes, describe the alternative program? _____

Had the student received individual counseling prior to this meeting? Yes No
If no, was counseling made available to the student? Yes No

Has a child study team been convened on the student's behalf? Yes No
If yes, please list the interventions taken by the child study team. _____

Was the student involved in school sponsored extracurricular activities? Yes No

Does the student have an IEP or Section 504 Accommodation Plan? Yes No

Has the student received any remediation services in the past two (2) years? Yes No
If yes, please describe the remediation services? _____

What is the average number of days the student was absent over the past two (2) years?
Year 1 _____ Year 2 _____

How many unexcused absences or tardies has the student accumulated over the past two years?

Unexcused Absences: Year 1 _____ Year 2 _____
Unexcused Tardies: Year 1 _____ Year 2 _____

What interventions did the school attempt in response to unexcused absences or tardinesses of the student while enrolled?

- A. Communication between the school/teacher and the family/student
- B. Formal meeting with the parent
- C. Changes to the learning environment
- D. Student counseling
- E. Tutoring
- F. Attendance Contract
- G. Mentoring
- H. Referral to other agencies/services on behalf of family needs
- I. Truancy Petition
- J. Other (Please describe)

Has the student *ever* been suspended? Yes No If yes, how many times? _____

Has the student *ever* been expelled? Yes No If yes, how many times? _____

Is the student eligible for the free/reduced lunch program? Yes No

Does the student plan to earn a GED? Yes No

If yes, inform student, for Bright Futures eligibility, GED students must complete credit requirements before taking GED exam.

Has the student been informed of options for continuing his/her education? Yes No

Has the parent been notified of the student's intent to terminate school enrollment? Yes No
If yes, provide the date of parent notification. _____

The student has identified the following as actions that could be taken to keep them in school.

- A. Opportunities for real-world learning (internships, service learning)
- B. Better teachers
- C. Smaller Classes
- D. More individualized instruction
- E. Better communication with your teachers
- F. Better communication with your parents
- G. Increased Parental Involvement
- H. Less Freedom and more supervision from parents
- I. Less Freedom and more supervision from school officials

Other: _____

Has the student completed the student survey? Yes No

If no, how many attempts did the school make to obtain a completed survey from the student? _____

The following section is included to encourage dropout retrieval efforts.

Three (3) month follow-up: (Please check all that apply.)

Method of contact:

___ Letter (Level I) ___ Phone call (Level II) ___ Home visit (Level III)

___ Contact Successful ___ Contact Unsuccessful

Employment status:

___ Employed full-time ___ Employed part-time ___ Unemployed ___ Unknown

Education status:

___ Working on GED ___ Earned GED ___ Enrolled in another school (private/vocational) ___ Unknown

Other (Please explain) _____

Did the student return to school following this contact? Yes No

Final contact (prior to start of next school year):

Not applicable: Student returned to school _____/_____/_____

Method of contact:

___ Letter (Level I) ___ Phone call (Level II) ___ Home visit (Level III)

___ Contact Successful ___ Contact Unsuccessful

Employment status:

___ Employed full-time ___ Employed part-time ___ Unemployed ___ Unknown

Education status:

___ Working on GED ___ Earned GED ___ Enrolled in another school (private/vocational) ___ Unknown

Other (Please explain) _____

Did the student return to school following this contact? Yes No