



**ELEMENTARY SCHOOL
WITHIN COUNTY WITHDRAWAL CHECKLIST**
(Appendix 23)

Receiving School: _____ School #: _____

Student Name: _____ Grade: _____

Student I.D. #: _____

- _____ Cumulative Folder
- _____ Health Folder (including Medical Alert)
- _____ Confidential Folder
- _____ ESE Teacher's Work Folder/I.E.P. Disk
- _____ Progress Monitoring Plan
- _____ Progress Monitoring Folder including AIP, Assessment Data, and others
- _____ Progress Report with Envelope
- _____ Title I
- _____ ELL (ESOL) File
- _____ Completed Withdrawal Form and Checklist

Signature

Date

School sending records

Distribution: Student's Cumulative Folder Sending School