

"Your Staffing Source for Educational and Therapeutic Professionals."

Orange County Preschool Discharge Form

Student's Name: _____ Date of Discharge: _____

Date of Birth: _____ School District: _____

Results of Annual Review Meeting held on _____ (date)

*Discharge effective _____ (date)

*Reason for Discharge:

Aged out of CPSE _____ Age appropriate skills _____ Other _____

Continue services: Service _____ Frequency _____ Ratio _____

Signature with Credentials: _____

Date of this report: _____