

**Rankin County School District  
Program Exit Indicators for Speech/Language**

Student: \_\_\_\_\_ DOB: \_\_\_\_\_

SLP & School: \_\_\_\_\_ Date: \_\_\_\_\_

The following documentation was used to determine dismissal from speech/language services:  
\_\_\_\_ IEP, \_\_\_\_ Other (\_\_\_\_\_) (Specify)

**Check all that apply:**

**Current Level**

- \_\_\_\_\_ 1. Goals and objectives have been met.
- \_\_\_\_\_ 2. Communication indicate that there is no educational benefit from receiving speech/language therapy.
- \_\_\_\_\_ 3. Successful use of augmentative or assistive communication device.
- \_\_\_\_\_ 4. Compensatory skills have been attained considering the factor of cognitive ability, structural/physical limitations and neuromotor functioning.
- \_\_\_\_\_ 5. No measurable progress has been made despite manipulation of instructional variables over a mutually agreed upon time.
- \_\_\_\_\_ 6. Skills have been maintained during monitoring without direct instruction.

**Behavioral Characteristics**

- \_\_\_\_\_ 7. Limited carryover due to lack of ability to self monitor or generalize to other environments.
- \_\_\_\_\_ 8. Poor attendance.
- \_\_\_\_\_ 9. Lack of motivation.
- \_\_\_\_\_ 10. Student noncompliance.

**Educational Impact**

- \_\_\_\_\_ 11. Communication skills no longer adversely affect the student's education performance as seen by:  
    \_\_\_ student \_\_\_ teacher \_\_\_ parent \_\_\_ Speech Pathologist
- \_\_\_\_\_ 12. Communication skills no longer cause frustration or other social, personal, or emotional difficulties.

**Recommendation of IEP Team:**    \_\_\_ Continue Services    \_\_\_ Exit Services

\_\_\_\_\_  
Speech-Language Pathologist

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Agency Representative

\_\_\_\_\_  
Regular Education Teacher

**\*Attach to Reevaluation/IEP Committee Meeting w/Recommendations along with IEP marked for mastery.**

