PINELLAS COUNTY SCHOOLS
CHECKLIST FOR STUDENT WITHDRAWALS

Section A Complete this section for all withdrawals when a records request has not been received.

Section A

School: _____ Student Name:_____ Student ID: _____

Student Enrollment Date: _____ Last Date of Attendance: _____ Withdrawal Code: _____

Where will student be attending: _____

Give this form to the Child Study Team along with a current withdrawal report for all students.

Section B to be completed during Child Study Team for all withdrawals except W15, W22, and W23

Section B

Was Student Services involved with student? _____ Yes _____ No

Student missed _____ days out of a total of _____ days

If Student Services was involved or the student had 10% or more days absent, further investigation is required by the Child Study Team. The Child Study Team should keep these forms.

Section C to be completed by the Child Study Team for withdrawal codes of W15, W22, and W23

Section C

Call all numbers in Focus and on clinic card:

Name/Number: _____ Date: _____ Outcome: _____

Name/Number: _____ Date: _____ Outcome: _____

Make a home visit: Date: _____ Outcome: _____

Check other possible resources:

Foster Care/ CPI Liaison: (727-456-0600 Ext. 2106 or email: tiptonru@pcsb.org)
Ask if there is any report regarding the student being in foster care. Date: _____

Outcome: _____

Department of Juvenile Justice: (727-464-7469 or email: jadlowskij@pcsb.org)
Ask if student has any DJJ involvement. Date: _____

Outcome: _____

Check all social media/other resources: Facebook, Google, Jail website, etc: Date: _____

Outcome: _____

*** Once all above have been checked and verified, completed form must be printed out for actual signatures of Principal/Child Study Team Coordinator. Send signed original copy to Managing Officer School Social Work for final approval to withdrawal.**

_____ _____
Principal/Child Study Team Coordinator Date

_____ _____
Managing Officer School Social Work Date