



# IROQUOIS SPECIAL EDUCATION ASSOCIATION

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## EXIT/DISMISSAL CRITERIA WORKSHEET 2\*

Name of Student \_\_\_\_\_

Date \_\_\_\_\_

Recommendation is based on one or more of the following criteria:

\_\_\_\_\_ Student has met all targeted speech and language goals/benchmarks. No additional intervention is warranted.

\_\_\_\_\_ Student has developed compensatory skills that are functional in the deficit areas(s).

\_\_\_\_\_ Speech-language stimulation or support can be provided more adequately through classroom modifications and/or other special education programs.

\_\_\_\_\_ Extenuating circumstances such as medical, dental, social, etc., warrant discontinuation of services temporarily or permanently.

\_\_\_\_\_ Intervention no longer results in measurable benefits, despite documented use of a variety of appropriate approaches and/or strategies.

\_\_\_\_\_ Student is unwilling or unmotivated to participate in therapy.

\_\_\_\_\_ Student's attendance has been inconsistent or poor and efforts address these factors have not been successful.

\_\_\_\_\_ The disorder no longer has an adverse effect on the student's educational performance (academic, social, vocational).

\_\_\_\_\_ Other: \_\_\_\_\_

\* Worksheet 1 or 2 must be completed for each student receiving a speech-language evaluation.