Yukon
Education
Student Support Services

SHARED RESOURCE PROGRAM – EXIT PLAN

Name of Student: _____ Date of Report: _____
(Surname) (Given) (YYYY/MM/DD)

Current School/Program: _____ Date Admitted: _____
(YYYY/MM/DD)

Transition School/Program: _____

Outline of proposed exit plan (include dates, placement, transition plans, etc.)

Personnel responsible for implementation of plan

Prepared by: _____

Principal's signature: _____

File in student confidential file, copy to Student Support Services (fax #393-6423) and receiving school

This information is being collected under the authority of the *Education Act* for the purpose of assessing student needs and determining student programming. This information may be shared with other agencies as required to be in establishing related data bases. This information is protected under the *Access to Information and Protection of Privacy Act*. For further information, please direct inquires to the Principal of the school designated on this form or the Director Student Support Services, at 667-8000.

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