



**PALM BEACH DETENTION CENTER
1100 45TH STREET
WEST PALM BEACH, FL 33407**



Dr. Frank O'Boyle

Transition

Phone: (561)357-5928

Fax: (561)841-3027

"Creating a safety net for our most vulnerable students"

EXIT PORTFOLIO

Name: _____ Student #: _____

D.O.B. _____ Grade _____ Entry Date _____ Exit Date _____

Next Educational Placement: _____

Student receives services for: ESE 504 ELL

Student does not receive ESE, 504 or ELL services

The following information has been included in this packet:

_____ Withdrawal Grade Form with grades in progress

_____ CUMULATIVE TRANSCRIPT

- Demographic
- FCAT Data
- Current Schedule
- Credit Summary
- Contact Information
- Immunizations
- Withdrawal Grade

_____ STAR/SRI Testing

_____ Vocational Assessment

_____ ESE Data including current IEP, Matrix and A23 screens with placement dates for each exceptionality

_____ 504 plan

_____ ELL plan

Please sign and date this form to verify receipt of the above information. Please return this form to Frank O'Boyle at the above fax number.

This Exit Portfolio was prepared/Received by _____ Date _____