

# **Section: Students with IEPs – Dropout Prevention and Withdrawal Procedures**

## **Handbook for The Tomorrow Center – Special Education Services**

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### **Policy Statement**

The Tomorrow Center is committed to identifying and supporting students with disabilities who may be at risk of dropping out. Our goal is to reduce the dropout rate through proactive interventions, tracking systems, and compliance with Ohio Department of Education and Workforce (DEW) reporting requirements. When dropout occurs, appropriate documentation, follow-up, and outreach efforts are implemented.

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### **I. Identification and Early Intervention**

#### **A. Risk Monitoring and Early Warning Signs**

Students with IEPs are monitored continuously for early warning signs, including:

- Chronic absenteeism
- Academic underperformance
- Social-emotional or behavioral concerns
- Disengagement from school activities

#### **B. Credit Deficiency Tracking and Remediation**

- A credit audit is conducted each semester for students with IEPs.
  - Students who are behind on credits receive access to:
    - Online credit recovery platforms
    - Extended School year for all students
    - Modified curriculum pathways
    - Tutoring or intervention lab support in a resource room with full access to an Intervention Specialist
  - Each student's IEP team may revise the IEP or transition plan to include remediation efforts.
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### **II. Student and Family Engagement**

#### **A. Collaborative Planning Meetings**

When a student is identified as at risk:

- The intervention specialist schedules a family meeting.
- A Student Engagement Plan is created, detailing academic supports, behavioral strategies, credit recovery, and attendance interventions.

## **B. Communication Systems**

- All meetings and contacts with families are documented in the student's education record.
  - A designated staff member (typically the intervention specialist or case manager) maintains weekly check-ins and logs family communication.
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# **III. Transition Support and Alternatives**

## **A. Intent to Withdraw**

If a student expresses an intention to drop out:

1. A **Transition Support Plan (appendix c)** is developed that includes:
    - A review of barriers to graduation
    - Review and adjustment of IEP supports
    - A list of educational alternatives such as:
      - GED programs
      - Vocational or trade schools
      - Community agency referrals
      - Re-enrollment procedures
  2. The IEP team meets to determine if any accommodations or modifications can support the student's continued enrollment.
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# **IV. Withdrawal Documentation and Exit Reporting**

## **A. Required Documentation**

If the student proceeds with withdrawal:

- The intervention specialist will:
  - Document all intervention strategies attempted, with dates and descriptions.
  - Complete a **Withdrawal Documentation Checklist (appendix b)**, including:
    - Interventions attempted
    - Alternative pathways offered
    - Family meeting records

- Official withdrawal form
  - Verification of last known address and anticipated new address
- The special education coordinator ensures:
  - Withdrawal is accurately coded in the EMIS (Education Management Information System)
  - Exit reason is consistent with DEW standards
  - Documentation is uploaded to the student's special education file

## **B. Tracking and Systems**

- All dropout interventions and outcomes are tracked in the **Dropout Intervention Log (appendix a)** completed by the students' case manager each semester and maintained within the school's internal students' cumulative file.
  - Quarterly reviews of dropout trends and intervention outcomes are conducted by the students' case manager and reported to the leadership team for program improvement.
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## **V. Re-Engagement and Follow-Up**

### **A. Outreach and Follow-Up**

- Within 30 days of withdrawal, designated staff will:
  - Attempt contact with the student/family to verify status and provide alternative educational options.
  - Offer information about GED access, re-enrollment, or adult education.
  - Record all outreach attempts and responses in the **Student Withdrawal Follow-Up Log. (appendix e)**

### **B. Community Partnerships**

- The school maintains partnerships with community agencies to provide resources to students post-withdrawal, such as job training programs, mental health services, or housing support.
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## **VI. Annual Review and Improvement**

- The Special Education Department will annually:
  - Review and analyze data on IEP student withdrawals
  - Evaluate effectiveness of early warning systems and support plans
  - Recommend improvements to intervention protocols based on findings

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## **Appendices**

- Appendix A: Dropout Intervention Plan Template
- Appendix B: Withdrawal Documentation Checklist
- Appendix C: Transition Support Plan Template
- Appendix D: Dropout Intervention Log Sample
- Appendix E: Student Withdrawal Follow-Up Log

## Appendix A: Dropout Intervention Plan Template

**Student Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**IEP Case Manager:** \_\_\_\_\_

**Date Initiated:** \_\_\_\_\_

**Review Date:** \_\_\_\_\_

Area of Concern	Evidence/Data	Intervention Strategy	Responsible Staff	Start Date	Progress Notes
Chronic Absenteeism	25 absences this semester	Weekly attendance check-ins, family meeting	Attendance Liaison	MM/DD/YYYY	
Credit Deficiency	8 credits earned / 12 needed for promotion	Online recovery + tutoring	Intervention Specialist	MM/DD/YYYY	
Behavioral Disengagement	Frequent office referrals	Counseling referral + behavior contract	School Counselor	MM/DD/YYYY	
Lack of Family Engagement	Missed IEP meetings	Weekly phone/text communication	Case Manager	MM/DD/YYYY	

**Parent/Guardian Signature:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Staff Signatures:** \_\_\_\_\_

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## Appendix B: Withdrawal Documentation Checklist

**Student Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Date of Withdrawal:** \_\_\_\_\_

Required Documentation	Completed	Date	Notes
<input type="checkbox"/> Family Meeting Conducted	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Interventions Attempted (attach Dropout Plan)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Transition Support Plan Developed	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Educational Alternatives Provided	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Withdrawal Form Signed by Parent/Guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> EMIS Exit Code Entered and Verified	<input type="checkbox"/> Yes <input type="checkbox"/> No		Code: _____
<input type="checkbox"/> Last Known Address Verified	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Anticipated New Address (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Special Ed Coordinator Review and Approval	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Reviewed by:** \_\_\_\_\_ (Staff Name)

**Date:** \_\_\_\_\_

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## Appendix C: Transition Support Plan Template

**Student Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Date of Plan:** \_\_\_\_\_

### Barriers to Graduation Identified:

- ☐ Credit Deficiency
- ☐ Attendance Issues
- ☐ Behavioral Concerns
- ☐ Disability-Related Needs
- ☐ Home/Environmental Barriers
- ☐ Other: \_\_\_\_\_

### Supports Offered:

- ☐ Modified schedule
- ☐ Online coursework
- ☐ Peer or adult mentoring
- ☐ Counseling/mental health referral
- ☐ Wraparound services
- ☐ Agency collaboration (name): \_\_\_\_\_
- ☐ Transportation support
- ☐ Other: \_\_\_\_\_

### Educational Alternatives Reviewed:

- ☐ GED/Adult Diploma Program
- ☐ Career Tech/Trade School
- ☐ Work-Based Learning/Apprenticeship
- ☐ Re-enrollment Options
- ☐ Other: \_\_\_\_\_

### Revised IEP Goals or Services (if applicable):

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### Team Members Present:

- Parent/Guardian: \_\_\_\_\_
- Student: \_\_\_\_\_
- Case Manager: \_\_\_\_\_

- Counselor/Other: \_\_\_\_\_

**Next Steps/Follow-Up Date:** \_\_\_\_\_



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## Appendix D: Dropout Intervention Log Sample

Student Name	Date	Concern Area	Intervention Attempted	Outcome/Status	Staff Initials
Jane Doe	02/15/25	Attendance	Weekly check-ins started	Ongoing	AB
John Smith	03/01/25	Credit Deficiency	Enrolled in Edgenuity	Completed 1 course	KS
Maria Lopez	04/05/25	Behavioral	Behavior contract issued	Improved conduct	RJ

Student Name	Date	Concern Area	Intervention Attempted	Outcome/Status	Staff Initials
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## Appendix E: Student Withdrawal Follow-Up Log

Student Name	Withdrawal Date	Date Contact Attempted	Method (Call/Text/Email)	Contact Made?	Outcome/Notes	Staff Initials
Jane Doe	04/10/25	04/25/25	Phone	Yes	Considering GED	AB
John Smith	03/30/25	04/15/25	Email	No	No response	KS
Maria Lopez	05/01/25	05/20/25	Text	Yes	Enrolled in CTE	RJ