ATTACHMENT #11

The School Board of Broward County, Florida
MULTICULTURAL & ESOL PROGRAM SERVICES EDUCATION DEPARTMENT

EXITED STUDENTS FORM
CLASS RECORD

Date:_____ **School Year:**_____

School/Cluster:_____

Name and Title of Person Completing this Form:_____

List all students who have met the exit criteria for the school year.

NOTE: Schools must update the following information in the appropriate TERMS panels.
Exited students are coded LF during the 2-year monitoring period.

Last Name	First Name	Grade*	FSI #	Listening/ Speaking Percentile Scores	Reading/ Writing Percentile Scores	Basis of Exit **	Exit Date	ELL Code and Classification

*Current Grade Placement
**Choose one: A = Aural/Oral
R = Reading and Writing (Language)
L = ELL Committee

Copy: Data Processing Clerk

Form 2590L (Revised 05/07)
MR/ga