

## Kentucky Department of Education

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### Student Dropout Questionnaire

In accordance with KRS 159.140 and 702 KAR 7:125

District: \_\_\_\_\_

School: \_\_\_\_\_

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

Withdrawal date: \_\_\_/\_\_\_/\_\_\_

Grade Level: \_\_\_\_\_

Age: 16  17  18 or over

What is the *primary* reason the student is withdrawing from school? (check one)

- |                          |                          |            |                          |                 |                          |
|--------------------------|--------------------------|------------|--------------------------|-----------------|--------------------------|
| Course selection         | <input type="checkbox"/> | Employment | <input type="checkbox"/> | Expulsion       | <input type="checkbox"/> |
| Student/teacher conflict | <input type="checkbox"/> | Marriage   | <input type="checkbox"/> | Family Problems | <input type="checkbox"/> |
| Failing classes          | <input type="checkbox"/> | Pregnancy  | <input type="checkbox"/> |                 |                          |
| Boredom                  | <input type="checkbox"/> | Illness    | <input type="checkbox"/> |                 |                          |

Was the student in an alternative setting prior to withdrawal from school? Yes  No   
If no, was an alternative setting available? Yes  No

Had the student received individual counseling prior to this meeting? Yes  No

Was the student involved in school sponsored extracurricular activities? Yes  No

Does the student have an educational disability requiring an IEP? Yes  No

Has the student received any remediation services in the past three (3) years? Yes  No

What is the average number of days the student was absent over the past three (3) years? \_\_\_\_\_

Has the student *ever* been suspended? Yes  No  If yes, how many times? \_\_\_\_\_

Has the student *ever* been expelled? Yes  No  If yes, how many times? \_\_\_\_\_

Is the student eligible for the free/reduced lunch program? Yes  No

Does the student plan to earn a GED? Yes  No

*Optional:* What is the highest level of education completed by either parent/guardian? (check one)  
Elementary  Middle School  High School  College  Graduate School

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if student under 18 years of age)

Guidance Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

KRS 159.010(4) COMPLIANCE:

**Three (3) month follow-up:**

Method of contact:

Letter (Level I)       Phone call (Level II)       Home visit (Level III)

Contact Successful       Contact Unsuccessful

Employment status:

Employed full-time       Employed part-time       Unemployed       Unknown

Education status:

Working on GED   
Earned GED   
Enrolled in another school   
Unknown

Did the student return to school following this contact?      Yes       No

**Final contact (prior to start of next school year):**

Not applicable: Student returned to school \_\_\_/\_\_\_/\_\_\_

Method of contact:

Letter (Level I)       Phone call (Level II)       Home visit (Level III)

Employment status:

Employed full-time       Employed part-time       Unemployed       Unknown

Education status:

Working on GED   
Earned GED   
Enrolled in another school   
Unknown

Reading level from the three (3) most recent norm referenced assessments:

Student Score: \_\_\_\_\_  
Student Grade: \_\_\_\_\_  
Student Age: \_\_\_\_\_