Alachua County Public Schools

Title I
Targeted Assistance Program Exit Form

School Name:_____ School Number:_____ Grade:_____ ☐ TIPA Program ☐ TIPD Program

Student Name *(Last, First)*	Student PIN#	Grade	Entry Date	Exit Date	Transferred In-County *(School Name)*	Transferred Out-of-County *(District Name if Known)*	Other Comments *(Explain)*

_____
Instructional Intervention Coach / Date

_____
Principal / Date