

Dismiss Participant

End Date: _____ Staff: _____ (remove from caseload)

Case Number(s): _____

Dismissal Reason (choose one):

- Child too old/family completed service cycle
- Transitioned to other program
- Moved out of service area
- Family regularly missed scheduled visits
- Lost contact/family could not be located
- Family dissatisfied with PAT
- Other reasons/Unknown