



REQUEST TO EXIT GIFTED AND TALENTED PROGRAM

Student Name _____ Birthdate _____ ID # _____

Address _____ Phone # _____

School _____ School # _____ Grade _____

Reason for Exit – Please check all that apply:

Rigorous Academic Instruction – child cannot maintain pace of program

District Transportation Not Provided – school is too far from home

Siblings are at home school

Other _____

For Academic and Behavioral Reasons, please provide the following documentation:

Communication with parent/guardian:

1. List dates of phone contact _____

2. List dates of face-to-face meetings _____

3. List dates/types of written communication _____

Intervention Strategies:

1. List intervention strategies, dates in effect and who implemented them (or attach a copy).

2. List behavior strategies or attach a copy of the behavioral contract, if one was utilized. _____

3. Attach report card grades and progress reports for last two years.

Contact Parents, Principal, all Teachers involved and Gifted Coordinator to arrange an ‘Exit Meeting.’

Date of Meeting _____

EXIT MEETING

Date of Meeting _____

Student Name: _____ ID # _____

Results of Exit Meeting: _____

Parent Signature _____

Principal Signature _____

Teacher Signature _____

Gifted Coordinator _____

Other _____ Title _____

Other _____ Title _____