

**CLEBURNE INDEPENDENT SCHOOL DISTRICT
505 N. RIDGEWAY, SUITE 100
CLEBURNE, TEXAS 76033
817.202.1100
817.202.1460 FAX
WWW.CLEBURNE.K12.TX.US**

GIFTED EDUCATION PROGRAM EXIT

Name of Student _____ Grade _____

School _____ Teacher _____

Your child is being considered for exit of the gifted education program for the following reason(s):

_____ Student request

_____ Parent request

_____ Failure to make progress in the program

The selection committee for the gifted education program met with student and parent, _____ on _____ to discuss the exit proposal. It was decided that:

_____ the child should remain in the program

_____ the child should be placed on a furlough

_____ the child should be exited from the program

If your child wishes to re-enter the program, s/he must notify and meet with a member of the gifted education selection committee and the school principal and/or the program director to assess the child's needs and determine program placement.

Parent

Date

Principal

Date

Selection Committee Member

Date

Selection Committee Member

Date

Copies: Parent
Student Folder
G/T Teacher

Program Re-entry

Reason why re-entry is desired:

Additional information and/or documentation:

Re-entry Decision:

_____ re-entry approved

_____ re-entry denied

Student

Date

Parent

Date

Principal

Date

Selection Committee Member

Date

Selection Committee Member

Date