



Exit

ADVANCED ACADEMIC STUDIES
International Leadership Texas

Date: _____

Student Name: _____ DOB: _____ School: _____ Grade: _____

Person Initiating Request: _____ Title: _____

Rationale for Exit* Request (to be filled out by Person Initiating Request):

Additional documentation may be attached.



Committee Decision

Exit Granted _____

Exit Denied _____

Member	Title	Agree/Disagree	Signature
	Teacher	Agree/Disagree	
	Parent	Agree/Disagree	
	School Administration	Agree/Disagree	
	GT Lead Teacher	Agree/Disagree	
	Other _____	Agree/Disagree	

*Exiting from services for the gifted will result in retesting being required to possibly re-qualify for those services.