



Office of Gifted Services

Change of Service Form

Student's Name: _____ Student ID: _____

School: _____ Grade: _____

After discussion and review, it has been decided that the service for _____
_____ will be changed from _____
to _____.

Reason for change:

In the future, the new service (above) may be reviewed to ensure that the educational needs and/or interest of the student have changed and she/he would be able to function effectively and productively in a different service placement.

Parent signature _____ Date: _____

Student signature _____ Date: _____

GIS Signature _____ Date: _____

Asst. Principal signature _____ Date: _____

OGS Representative signature _____ Date: _____

5572 Princeton Road, Liberty Township, OH 45011

Phone: 513 644-1186 Fax: 513 644-1179

Recent Testing History:

Grade Level: _____ Date _____

Superior Cog _____ Reading _____ Math _____ Social Studies _____ Science _____

MAP: Reading ____-____-____ L.A. ____-____-____ Math ____-____-____ Sci ____-____-____