

## Refusal of Gifted Services Form

Name \_\_\_\_\_ Grade \_\_\_\_\_

Placement \_\_\_\_\_

Reason for Refusal or Withdrawal \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Prior to Withdrawal or Refusal:

- Parents and placement teacher met to discuss concerns.
- Issue was referred to IAT as appropriate.
- Parent and gifted coordinator discussed the district policies regarding refusal of placement and the possible academic and social emotional consequences of refusing gifted services.
- For withdrawals from service, meeting was held with the building principal, parent or guardian, coordinator of gifted services, service teacher, and student (if appropriate). Date of Meeting:

Parent Statement of Understanding: "I understand that refusal of gifted services cannot be reversed this school year. Without proper placement, it will be more challenging for the student to make a year's growth and maintain his or her national percentages. Each year, the district determines service eligibility, and a refusal of service form will need to be completed yearly."

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Coordinator of Gifted Services Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date