

CLEBURNE INDEPENDENT SCHOOL DISTRICT

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GIFTED EDUCATION PROGRAM FURLOUGH

Name of Student _____ Grade _____

School _____ Teacher _____

Your child is being considered for a furlough from the gifted education program for the following reasons(s):

_____ Unable to maintain satisfactory performance within the structure of the gifted education program

_____ Parent request

_____ Student request

Performance Goal(s) for reinstatement:

This furlough is in effective until _____. At the end of this furlough period your child's progress will be reviewed and your child may re-enter the gifted education program, be exited from the program, or be placed on another furlough.

Parent _____ Date _____

Student _____ Date _____

Principal _____ Date _____

Selection Committee Member _____ Date _____

Selection Committee Member _____ Date _____

Copies: Parent
Student Folder
G/T Teacher

The furlough period has ended and your child's progress has been reviewed. Based on this review your child's placement in the gifted program is:

___ Re-entry

___ Exit

___ Furlough

Parent

Date

Student

Date

Principal

Date

Selection Committee Member

Date

Selection Committee Member

Date