



**Elgin ISD
Gifted and Talented
Exit from G/T Services**

Date: _____

Student's Name: _____ Grade: _____

Person Requesting Exit: _____

Relationship to Student: _____

To be completed by person requesting Exit:

Reason for Exit Request:

Was a furlough from G/T services considered and/or granted?

Dates of furlough – From _____ to _____

Results of furlough:

Gifted/Talented Committee Decision:

_____ Exit Granted

_____ Exit Denied

Note: *Once a student has been exited from Gifted/Talented services, the student is subject to referral and identification procedures to determine educational need for the program before readmission.*

Comments:

Signatures:

Student: _____ Parent: _____

Gifted/Talented Committee Members:

