



**Gifted and Talented (G/T) Program
Exit Recommendation Form**
*Recomendación de salida del programa de
Dotados y Talentosos*

Academic Music Band Choir Dance Theater Art

Student's Name (*nombre del estudiante*): _____

ID# (*número de identificación*): _____ **Grade** (*grado*): _____

School (*escuela*): _____ **Requested by** (*solicitada por*): _____

My child should be exited from the Gifted and Talented (G/T) Program for the following reason(s): *Mi hijo(a) debe ser sacado del programa de Dotados y Talentosos por la(s) siguiente(s) razón(es):*

Signature of parent/guardian (*firma del padre o tutor*): _____

Date (*fecha*): _____

A parent conference is required before submitting the form to the Department of Curriculum, Instruction & Accountability.

Date: _____ **Time:** _____

Please check one: _____ *Phone Conference* _____ *Face to Face Conference*

Parent / Guardian Contact Number: _____

Signature of Counselor: _____

I have reviewed the above information and I am in agreement with the student being exited from the Gifted and Talented Program.

Signature of Administrator : _____ **Date:** _____

For office use only:

Request Granted _____ (**Exit by:** _____) **Request Denied:** _____ **Date:** _____

Committee Member: _____

Director: _____

Committee Member: _____

Date Received:

Committee Member: _____

Updated 08/2023