Brownsburg Community School Corporation
HIGH ABILITY PROGRAM
EXIT PROCEDURE

STUDENT: _____ **GRADE/CLASS:** _____

SCHOOL: _____ **TEACHER:** _____

PARENT(S): _____ **DATE:** _____

REASON FOR REFERRAL: _____

DATE OF EXIT CONFERENCE: _____

PERSONS IN ATTENDANCE:

DATES OF PREVIOUS PARENT CONTACT & COMMUNICATION SUMMARY: _____

DATE OF IMPROVEMENT PLAN IMPLEMENTATION: _____

COMMENTS ABOUT PLAN'S IMPLEMENTATION:

EDUCATOR COMMENTS:

PARENT(S) COMMENTS: _____

GENERAL SUMMARY OF CONFERENCE: _____

FINAL PLACEMENT RECOMMENDATIONS: _____

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Page 2…

SIGNATURES	**DATE**
_____	_____
Student	
_____	_____
Parent	
_____	_____
Teacher	
_____	_____
Principal	