

CLEBURNE INDEPENDENT SCHOOL DISTRICT

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K-5th GRADE GIFTED & TALENTED EDUCATION PROGRAM FURLOUGH

Name of Student _____ Grade _____

School _____ GT Specialist _____

Your child is being considered for a furlough from the Gifted and Talented Education program for the following reason(s):

_____ Unable to maintain satisfactory performance within the structure of the Gifted and Talented Education program

_____ Parent Request

_____ Student Request

Performance Goal(s) for reinstatement:

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

Parent

Date

Student

Date

Principal

Date

GT Specialist

Date

Director of Innovative Learning

Date

Copies: Parent
Student Folder
G/T Specialist

The furlough period has ended, and your child's progress has been reviewed. Based on this review, your child's placement in the Gifted and Talented Education program (K-5th Grade) is:

___ Re-entry

___ Exit

___ Furlough

Parent

Date

Student

Date

Principal

Date

GT Specialist

Date

Director of Innovative Learning

Date

Copies: Parent
Student Folder
G/T Specialist