



Gifted Service Student Withdrawal Form

Please see related guidelines for full information about withdrawal timelines, processes, and subsequent placement.

Student _____ Student Number _____ Grade _____

School _____ Homeroom Teacher _____

Parent/Guardian _____ Phone Number _____

Service Withdrawal (check all that apply):

Gifted Academy Reading/Math Class Other

Initiated by: Parent/Guardian Teacher Other (_____)

Initial Concern: (attach letter)

Was SAIL/IAT Process Utilized?: Yes No

*(** An intervention plan is required for requests after the Friday before the first full week in September)*

Initial Conference Date _____

Conference Summary:

Intervention Start Date _____

Interventions and Supports Selected for Student:

Gifted Service Student Withdrawal Form (cont.)

Outcomes Summary Date _____

(**Two weeks or more after the start of interventions)

Outcomes of Interventions and Supports (Provide data to support conclusions):

Follow Up Conference Date _____

Conference Summary:

Final Resolution:

- Continue in gifted services Evaluate for 504/Disability while in gifted services
- Implement additional supports while in gifted services
- Withdraw from gifted services

Parents initial each item if withdrawal is selected:

- I understand that withdrawing my student from gifted services will remain in effect the remainder of the current school year and may not be reversed.
- I understand my child may participate in gifted services in future years if he/she meets the eligibility criteria in place at that time.
- If my child is withdrawing from Columbus Gifted Academy, I understand he/she will be placed in his primary enrollment school if space is available and will be placed in school of residence or overflow school if space is not available in the primary enrollment school.
- If my child is attending the current school due to placement in a gifted reading or math class and not due to residency or lottery, I understand he/she will have enrollment reverted to the school within the attendance boundary for next year unless my child re-enrolls in gifted services or is placed in another building through the district lottery process.

Parent/Guardian _____ Date _____

Gifted Instructional Specialist _____ Date _____

Principal _____ Date _____