



# NEW BRAUNFELS INDEPENDENT SCHOOL DISTRICT

## NBISD GIFTED/TALENTED SERVICES

### STUDENT EXIT REPORT

Directions: Please complete this form for each student when exiting occurs. Place one copy in student's file and provide one copy to parent/guardian.

SCHOOL \_\_\_\_\_ EXIT DATE \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_ I.D.# \_\_\_\_\_

GRADE \_\_\_\_\_ TEACHER \_\_\_\_\_

The student was exited on the above date with the action being initiated by: (please check one)

\_\_\_\_ Parent      \_\_\_\_\_ School      \_\_\_\_\_ Student

Reason(s) for exiting: check appropriate one(s)

\_\_\_\_ Emotional Stress

\_\_\_\_ Furlough Period Expired

\_\_\_\_ Failure to perform satisfactorily. **Attached growth plans indicate:**

Growth Plan: Initiated \_\_\_\_/\_\_\_\_ Reviewed \_\_\_\_/\_\_\_\_

Met growth plan       Did not meet growth plan goals

Growth Plan: Initiated \_\_\_\_/\_\_\_\_ Reviewed \_\_\_\_/\_\_\_\_

Met growth plan       Did not meet growth plan goals

\_\_\_\_ Other: (Please specify.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Note:** Students who leave the program must remain out for one school year, must be re-evaluated, and must re-qualify before re-entry into the program.

**The committee recommends that this student be exited from / continue receiving NBISD Gifted/Talented Services.**

\_\_\_\_\_  Agree       Disagree

Committee Member      Date

\_\_\_\_\_  Agree       Disagree

Committee Member      Date

\_\_\_\_\_  Agree       Disagree

Committee Member      Date

\_\_\_\_\_  Agree       Disagree

Parent/Guardian      Date

\_\_\_\_\_  Agree       Disagree

Student (as appropriate)      Date

PEIMS/G/T/Student Exit Entry Date: \_\_\_\_/\_\_\_\_

