**[School Name]**

**REFUSAL OF GIFTED EDUCATION SERVICES**

|  |  |
| --- | --- |
| **Student Name:** | |
| **Date of Birth:** | **Grade:** |
| **Area(s) of Identification:** | |

By signing below, I am indicating my desire to discontinue gifted education services for my student at this time. I have conferred with the Gifted Education Lead, and the criteria for gifted identification and options for gifted programming have been explained to me. The recommendation of the school’s gifted education team is that my student continue with the development of the Advanced Learning Plan to outline gifted programming. However, as the parent/guardian of this student, I do not wish for my student to be served through the gifted education program at this time. Should I change my mind about my current decision, I may contact the Gifted Education Lead in writing to re-initiate the gifted education process for my student.

Parent/Guardian Name

Parent/Guardian Signature Date

**For School Use Only:**

|  |  |
| --- | --- |
| **Processing Steps** | **Date Completed** |
| Refusal Received |  |
| ALP updated to reflect refusal of services; letter attached |  |
| Pertinent Staff Informed |  |
| Copy of letter placed in cumulative file |  |

Gifted Lead Signature Date