

**Waco ISD
Gifted /Talented Program
Exit Form**

Date: _____

Student's Name: _____ ID#: _____

Campus: _____ Grade: _____

Summary of ARE meeting:

Reason for program exit:

GT Program Exit Date: _____

Parent Signature: _____

A.R.E. Committee Signatures: (3 required)

Administrator: _____ Counselor: _____

Teacher: _____ Teacher: _____

Teacher: _____