Request to Exit an Advanced Academics/GT Course

__________________________________________________________  __________________
Name of Student ____________________________________________

Advanced Academic/GT course _________________________________

Person Initiating Request_____________________________________

___ parent or guardian
___ teacher

I, ____________________________, support this request to exit this student from

______________________________________

for the following reasons:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

_____________________________

signature

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Recommendation of Review and Referral Team

It is the recommendation of the Review and Referral Team that ___________________________

continue/discontinue participation in the Advanced Academic/GT __________________________

course for these reasons:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Review and Referral Team Signatures:______________________________

____________________________________  ______________________
c: Parent or Guardian
Teacher
Cumulative Folder
Office of Advanced Academics

Office of Advanced Academics
Baltimore County Public Schools
September 2016