

**CRESTWOOD LOCAL SCHOOLS
GIFTED SERVICES WITHDRAWAL FORM**

Student Name: _____ Building: _____

Gifted Intervention Specialist: _____

The student above has been identified to receive gifted services based on the following ODE state identification:

The student will not receive service beginning: _____
(Date)

Please give a brief explanation why the service will not received.

The student may be considered for further services at a later time after meeting with the team, including homeroom and/or content area teachers, gifted intervention specialists, principal, parents and any other stakeholders.

Parent Signature: _____ Date: _____

Administrator Signature: _____

Title: (Gifted Coordinator, Principal) _____ Date: _____

Gifted Intervention Specialist Signature: _____ Date: _____

Upon completion, this form should be copied.

One copy will be placed in the student's permanent folder, one copy will be given to the building gifted intervention specialist and one copy will be sent to Michael Maglionico, Director of Pupil Services.