**FORT BEND INDEPENDENT SCHOOL DISTRICT**

**GIFTED AND TALENTED PROGRAM**

**FURLOUGH/EXIT FORM**

STUDENT’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE\_\_\_\_\_

CAMPUS DATE OF ACTION

AREAS OF GT STRENGTH: □ Math/Science □ ELA/Social Studies □ Both

A furlough is a temporary removal from the GT Program. A time span for a furlough is up to one school year. After the furlough expires, the student may re-enroll in the GT program at school. If the student does not enroll in the appropriate classes after the furlough expires, the campus will recommend a GT Exit.

A furlough is recommended for the following reason(s):

|  |  |
| --- | --- |
| □ Student is not enrolled in the GT Cluster Classroom | □ Parent or student request |
| □ Student not enrolled in the appropriate advanced-level courses (secondary only) | □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| □ Student non-attendance |
| □ Student not performing to academic potential (Plan of Action created) |

SIGNATURES OF AGREEMENT TO FURLOUGH:

This furlough expires during the month of \_July\_\_\_\_\_\_\_\_\_ in the year of \_\_2025\_\_\_\_\_.

|  |  |
| --- | --- |
| COUNSELOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PARENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\*A copy of this top portion shall be provided to the parent and maintained as a record by the campus counselor.

FOLLOW-UP DATE OF ACTION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The furlough period has expired. At this time, the student will (check one):

|  |  |
| --- | --- |
| ⬜ RE-ENROLL IN GT PROGRAMMING  (Counselor signature required) | ⬜ EXIT THE GT PROGRAM  (Counselor and parent signature required) |

SIGNATURES OF AGREEMENT TO FOLLOW-UP ACTION:

|  |  |
| --- | --- |
| COUNSELOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PARENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\*NOTE: Exited students who wish to re-enroll in the GT program will need to participate in the full GT screening process (EHBB- LOCAL).