Dear Parent/Guardian,

As you were made aware when your child, , entered Advanced Academic Program/Gifted Education Services, the Cherokee County School Board-approved Gifted Education Continuation Policy (IDDD) stipulated that each student must maintain satisfactory performance to remain in the program.

According to the most recent semester report card, your child does not meet the acceptable criteria and is therefore placed on probationary status for this semester in the following area(s):

- Elementary / Intermediate Gifted Resource Classroom grade is below 70.
- Middle (6-8) Gifted Class/Advanced Content or High School (9-12) Honors/Advanced Placement (non-weighted) grade is below 70.
- Subject area/class

Your child will continue to receive Advanced Academic Program/Gifted Education service during this probationary period. An Academic Improvement Plan (AIP) outlining the provision of appropriate interventions will be developed and monitored by teachers serving your child. Your child's progress and performance will be reviewed at semester's end. If the semester average meets acceptable criteria, your child will return to full active status. If performance remains below the specified minimum, the student, parent, gifted program teacher and other teachers involved will be invited to attend a review before services are withdrawn.

A student can be reinstated as eligible for Advanced Academic Program/Gifted Education Services when evidence of satisfactory academic performance in the specific Gifted Education program or course, over at least one semester, is submitted to the school's Eligibility Team for consideration.

If you have any questions or concerns, please contact me at school.

Thank you,

Resource Classroom Teacher Signature

Contact Information

PLEASE SIGN AND RETURN FOR YOUR CHILD'S FILE.

Signature, Parent/Guardian

Date

Student's Permanent Record - ☐

Gifted Student Record - ☐

Parent - ☐
Cherokee County School District
Advanced Academic Program/Gifted Education Services

REFERRAL TO RESPONSE TO INTERVENTION (RTI) COMMITTEE/GIFTED ELIGIBILITY TEAM
ACADEMIC IMPROVEMENT PLAN

Student Name: ___________________________ Student Number: ___________________________

School: ___________________________ Meeting Date: ___________________________

Reason for Referral: □ Probation (semester to semester) □ Performance Concerns
□ Attendance □ Other ___________________________

Probation Class(es) _______________________________________________________________

Probation Period: Start Date ______________________ Review Date ______________________

ACADEMIC IMPROVEMENT PLAN (AIP) Date AIP Implemented __________________
Date AIP Concluded __________________

Interventions: Provided by: ___________________________

1. ___________________________

2. ___________________________

3. ___________________________

4. ___________________________

Student Responsibilities: ___________________________

1. ___________________________

2. ___________________________

3. ___________________________

4. ___________________________

□ Response to Intervention (RTI) documentation located on the RTI SharePoint site.

Status: ________ Return to good standing ________ Continue probationary placement
□ Withdraw from program (student/parent request) ________ In good standing: □ Yes □ No

□ Response to Intervention (RTI) Committee □ Gifted Eligibility Team

Team Members: ___________________________ ___________________________ ___________________________

____________________________________  __________________________________
Signature, Parent/Guardian Date Signature, Team Chairperson Date

Student’s Permanent Record - □ Gifted Student Record - □ Parent - □
Cherokee County School District
Advanced Academic Program/Gifted Education Services

WITHDRAWAL FORM

Student Name: ____________________________  Student Number: ________________

School: _________________________________  Graduation Year: ________________

Date: ________________________________

Dear Parent/Guardian,

Following an academic probationary period and according to the most recent semester report card, your child's performance falls below the Cherokee County School Board approved continuation policy criteria for Advanced Academic Program/Gifted Education Services. Your child does not meet the acceptable criteria and will be withdrawn for this semester in the following area(s):

Elementary / Intermediate Gifted Resource Classroom grade is below 70.

Middle (6-8) Gifted/Advanced Content or High School (9-12) Honors/Advanced Placement (non-weighted) grade is below 70.

Subject area/class

You are invited to attend a final review which is scheduled on ____________________________ at your child's school. If you are unable to attend, please call to make other arrangements or return this letter to me with your signature.

Your child can be reinstated as eligible for Advanced Academic Program/Gifted Education Services when evidence of satisfactory academic performance, over at least one semester, is submitted to the school's Eligibility Team for consideration.

_______________________________________________________
Signature, Eligibility Team Chairperson  Date

Comments:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

_______________________________________________________
Signature, Parent/Guardian  Date

Student's Permanent Record -  Gifted Student Record -  Parent -  

Dear Parent/Guardian,

The following options have been considered by the Gifted Education Eligibility Team, and the checked (√) option(s) recommended:

1. Reinstateto active status.
   Resource Cluster Subject:

2. Withdrawn from Gifted Education Program services due to academic performance. See Form 6c.

3. Withdrawn from Gifted Education Program services at parent request.
   Resource Cluster Subject:

4. Other

Reason for recommended option(s):

__________________________________________________________

__________________________________________________________

Gifted Eligibility Team:

__________________________________________________________

__________________________________________________________

Signature, Eligibility Team Chairperson Date

Conference requested: [ ] Yes [ ] No

[ ] I do agree with the designated change(s).
[ ] I do not agree with the designated change(s).

Signature, Parent/Guardian Date

Contact Information (i.e. phone/email)

Student’s Permanent Record - [ ] Gifted Student Record - [ ] Parent - [ ]