

# North Miami Community Schools High Ability Identification Exit Policy

There are situations when participation in high ability programming may not be the best placement for a student. In this event, a request for reevaluation can be made by the individual concerned about the student or by the student him/herself. When this occurs, the following procedure should be used.

| Exit Procedure   |                      |
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| <ol style="list-style-type: none"><li>1. The person requesting an exit evaluation must submit the request on this form to the High Ability Coordinator, who will set up a meeting to discuss the student.</li><li>2. A conference with the High Ability Coordinator/Administrator, teacher(s), parent(s), school counselor (if appropriate), and student (if appropriate) will be held to discuss concerns and make the final decision concerning placement.</li><li>3. A student support plan will be created and implemented for no less than one grading period. The plan will include a reevaluation meeting to review the student's progress and determine the student's placement in the program.</li><li>4. If the parent/guardian(s) is not in agreement with the final committee decision at the reevaluation meeting, he/she can request a meeting with the superintendent. The high ability coordinator will meet with the parent/guardian(s) and the superintendent. The superintendent will review all of the information and render a decision. The decision of the superintendent is final.</li></ol> |                      |
| Exit Form  |                      |
| Student Name:  | Grade:               |
| School:  |                      |
| Person Requesting Exit Evaluation:   |                      |
| Relationship of Person to Student:   |                      |
| Contact Information:   |                      |
| Briefly Explain Reason for the Request:  |                      |
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| Coordinator Signature: _____   | Date Received: _____ |

**Exit Evaluation Initial Conference Date:**

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**Exit Reevaluation Meeting Date:**

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**Reevaluation Outcome:**

Student will remain in high ability programming in which he/she is currently participating.

Student will be exited from the following high ability program:

\_\_\_\_\_.

Parent agrees with the conference decision.

Parent appeal to superintendent requested.

**Signatures of Members Participating in Appeal Conference:**

Administrator: \_\_\_\_\_

High Ability Coordinator: \_\_\_\_\_

Teacher/Counselor: \_\_\_\_\_

Parent(s): \_\_\_\_\_

If parents did not attend the meeting, please send home for review and signature.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_