



Snoqualmie Valley

Public Schools

8001 Silva Avenue S.E., P.O. Box 400, Snoqualmie, WA 98065
Phone (425) 831-8000 ♦ Fax (425) 831-8040 ♦ www.svgsd410.org

Gifted Intervention/Exit Procedures

Date:

Student Name:

Teacher/Grade:

Parent/Guardian Name: [Click here to enter text.](#)

Step 1

▶ A conference will be held between the parent and teacher (and student if appropriate).
The purpose of this meeting will be to:

- Discuss measurable goals with a timeline of 4 weeks.
- The school principal will be notified of goals and timeline. If the concerns remain after designated timeline a follow-up meeting will be held to revise the goals or go on to **step 2**.

Date: [Click here to enter a date.](#)

Parent/Guardian Name: [Click here to enter text.](#)

Teacher Name:

Concerns: [Click here to enter text.](#)

Interventions: [Click or tap here to enter text.](#)

Goals: [Click here to enter text.](#)

Next Meeting (4 weeks from original conference): [Click here to enter a date.](#)

Step 2

▶ A conference will be scheduled with the parent, teacher, building principal, district administrator and other Gifted multidisciplinary committee member. The purpose of this meeting will be to:

- Discuss concerns
- Set measurable goals with a 4 week timeline or make a decision to exit the student from the current Gifted Program placement

If concerns remain after the designated timeline, go on to **step 3**.

Date: [Click here to enter a date.](#)

Parent/Guardian Name: [Click here to enter text.](#)

Teacher Name:

Principal : [Click here to enter text.](#)

Administrator:

Concerns: [Click here to enter text.](#)



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Interventions: [Click or tap here to enter text.](#)

Goals: [Click here to enter text.](#)

Next Meeting (4 weeks from second step): [Click here to enter a date.](#)

Were goals successful?

Step 3

1. Student exits the program (preferably at end of school year).
2. Should the student wish to re-enter the program in the future, the request will be considered by the district's Gifted multidisciplinary committee to determine what identification procedures are appropriate.

Student Name: [Click here to enter text.](#) Exit Date: [Click here to enter a date.](#)

Parent/Guardian Signature: _____

Teacher Signature: _____

Principal Signature: _____

Administrator Signature: _____