



## Highly Capable Appeals Form

After a student completes the district's highly capable testing process and it has been determined that the child did not qualify for the program, the decision can be appealed. If a parent or teacher would like to make an appeal, they need to complete the top half of this form in order for the process to begin. Other data can be submitted with this form to help the committee members gather a complete picture of the student. However, the point system and qualifying standards will not be adjusted for data gathered outside the school system. The form should be returned to the school principal.

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

School: \_\_\_\_\_

Person initiating appeal: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Reason for appeal. Please provide any additional data you have regarding the student :

\_\_\_\_\_

---

**The following information is to be completed by the District Multi-Disciplinary Team:**

Team Members: \_\_\_\_\_

Date Met: \_\_\_\_\_

Appeal approved

Appeal denied

Recommendation/Rationale: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

Final recommendation by Assistant Superintendent of Learning and Teaching:

Appeal approved: Student placed in program, parent notified by Assessment Office

Appeal denied: Student will not be placed in program, parent notified by Assessment Office

Assistant Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_