

Superintendent Signature: _____

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 qualifying standards will not be adjusted for data gathered outside the school system.

Please submit appeals to: highlycapable@psd401.net (pictures acceptable) or mail to Peninsula School District, Attn: Joy Giovanini, 14015 62nd Ave NW, Gig Harbor WA, 98332 within two weeks of receipt of your child's CogAt results.

Student Name:	Grade Level:
School:	
Person initiating appeal:	Relationship to student:
Reason for appeal. Please provide any additional of	data you have regarding the student:
The following information is to be completed by	the District Multi-Disciplinary Team:
Team Members:	
Date Met:	
☐ Appeal approve	d
Recommendation/Rationale:	
Final recommendation by the Assistant Superinte	
	rogram, parent notified by Assistant Superintendent
☐ Appeal denied: Student will not be pla	aced in program, parent notified by Assistant Superintendent Assistant

_____ Date: _____