

Highly Capable Program Selection Decision Appeal Form

Date: _____

Student Name: _____ **Current Grade Level:** _____

Parent Name: _____ **Phone Number:** _____

Home Address: _____

Current School: _____

Reason for Appeal (one or more must be checked to be considered for Appeal):

- A condition or circumstance believed to have caused a misinterpretation of the testing results, (for example, an incorrect birthdate or grade level used in calculation of the student's score).
- An extraordinary circumstance occurred during the testing period that may negatively affect the validity of the test results (such as a death in the family or extreme physical ailment); this **must be communicated to the district office in writing within two weeks of the final test date.**
- The suspicion of an error in the administration of the assessment.
- A misapplication or miscalculation of the scores by the selection committee.

Explain (Attach additional information as needed. Please note: NO PRIVATE TESTING will be considered):

Parent Signature: _____

Submit to district office no later than 4:00pm August 15th (or the day before or after if this is a weekend day)

Mail or hand-carry to: Highly Capable Program Enumclaw School District 2929 McDougall Ave Enumclaw WA 98022	Date Received (Office Use Only):
Appeal Review Team Decision: <input type="checkbox"/> Appeal Granted <input type="checkbox"/> Appeal Denied Date of Decision:	Comments:

Decision of Appeal Review Team Is Final