



South Kitsap School District Highly Capable Services - Appeal Form

Once a student has completed the testing and selection process and it has been determined that the student does not qualify for Highly Capable Services, that decision may be appealed. A parent/guardian may initiate the appeal process by completing the upper portion of this form and submitting it to the Highly Capable Program Coordinator within two weeks of receiving the notification letter.

Other data may be submitted with this form to assist the District's Multi-disciplinary Committee in re-evaluating the student's qualifications. Private testing is NOT required or recommended. Please note that the Program's qualifying standards will not be adjusted for data gathered from outside the school system.

This form must be submitted to the Highly Capable Program Coordinator within two weeks of receiving the student's notification letter. If that time has expired, the parent/guardian may refer the student for testing during the next open referral season.

Student's First & Last Name: **Date of Birth:**

School: **Current Grade Level:**

Name of Person Initiating Appeal:

Email Address: **Contact Phone:**

Reason for appeal:

Include any additional data or supporting evidence you may have regarding this student. Attach additional sheets as necessary.

Your signature below grants permission for any additional testing necessary to satisfy this appeal.

Please print this form and sign here: **Date:**

(This lower portion to be completed by the District's Multi-disciplinary Committee)

Date of Committee Meeting: Additional Testing Ordered Appeal Approved Appeal Denied

Recommendation & Rationale:

Final recommendation by the Assistant Superintendent, Teaching and Learning:

- Appeal approved. Student will be placed in program and parent will be notified.
- Appeal denied. Student will not be placed in program and parent will be notified.

Assistant Superintendent's Signature: **Date:**