



Highly Capable Identification Appeal Form

If you wish to request re-evaluation of your child for highly capable identification, please complete this form and return it to your school's Highly Capable Facilitator within 10 days of notification of test results. Forms submitted after the 10-day window will not be reviewed.

Name of Student _____ ID# _____

School _____ Grade _____ Teacher _____

Rationale for Appeal:

Parent or Guardian Name

Date

Parent or Guardian Signature

District Use Only

Date received _____ Date of testing notification to family _____

Alternate test scheduled and Date of Test _____

Outcome of appeal: Original Decision Upheld Original Decision Reversed

Parent notification _____