

BARREN COUNTY SCHOOLS GIFTED EDUCATION PROGRAM PROCEDURAL SAFEGUARDS AND GRIEVANCES

PROCEDURAL SAFEGUARDS AND GRIEVANCES

Parents and/or students (Grades P-12) may petition for identification or may appeal nonidentification or appropriateness of services.

1. The appealing party shall submit in writing to the Gifted-Talented Coordinator specifically why s/he believes that screening results are not accurate or talent pool services or service options in the gifted and talented student services plan are not appropriate and why an exception should be made or reconsideration given.
2. The Gifted-Talented Coordinator shall compile student data and present that along with the petition or appeal to the Selection/Placement Committee. The information presented shall include a recommendation accompanied by available substantiating evidence.
3. The Committee shall hear appeals, make a recommendation, and respond in writing to the appealing party within ten (10) working days of receipt of the appeal and accompanying information. If the appeal concerns the nonavailability of appropriate service options, the Committee shall consult with the school council.
4. If the Committee rules in favor of the grievant, the following option shall apply as appropriate:
 - a) S/he may participate in the program as soon as the parent or guardian signs the required permission form.
 - b) A change in either the gifted and talented student services plan or provision of services shall be made in a timely manner.
5. If the Committee rules against the grievant, a further written appeal may be made to the Superintendent, who must respond in writing within ten (10) working days of receipt of the appeal.
6. Should the Superintendent uphold the decision of the Selection/Placement Committee, the appealing party may petition the Board, which will have the final decision in the case. The Board shall make a determination at the next regular meeting following receipt of the appeal.

GRIEVANCE DOCUMENTATION FORM
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Parents/Guardians,

In order to formally file your grievance regarding your child's gifted and talented placement and/or services, please complete the following information.

Student's Name _____

School _____ Date _____

Concern is regarding:

Formal identification

Testing/Assessment Issues

Services Provided

Other (Please explain)

Parent/Guardian Signature _____ Date _____

Please submit to the Gifted-Talented Coordinator at the Barren County Board of Education Central Office.

GRIEVANCE DOCUMENTATION FORM
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Date Received at Central Office _____

Date District GT Committee Met to Review Appeal _____

Decision of District GT Committee _____

Date of Notification to Parents _____

District Gifted and Talented Director's Signature

Date

Further Documentation and Information (If Needed):

Date Appeal Forwarded to Superintendent _____

Superintendent's Ruling _____

Date of Superintendent's Ruling _____

Date of Notification to Parents _____

Date Appeal Forwarded to Board _____

Board's Ruling _____

Date of Notification to Parents _____