

**New Braunfels ISD Gifted and Talented Program
Request for Formal Reconsideration**

To file a Request for Formal Reconsideration, please complete the following information, sign, and date this document. Include with this form any evidence that demonstrates gifted and talented qualities.

Student for whom reconsideration is requested : _____

Campus _____ **Grade** _____ **Student ID number** _____

Reason(s) for filing this reconsideration:

I have reviewed with a professional staff member at the student's school the completed Gifted/Talented Matrix for the above named student.

If my child is reconsidered for additional Gifted/Talented evaluation, by submitting and signing this form, I give permission for NBISD to administer additional assessments in order to determine possible qualification for NBISD Gifted/Talented services.

Person(s) requesting reconsideration (check one or more):

_____ Parent _____ School personnel _____ Student _____ Other (give relationship to student)

Printed name of person requesting reconsideration: _____

Email address: _____ **Phone number:** _____

Signature of person requesting reconsideration: _____

**** Please be certain to attach or email supporting evidence for reconsideration. ****

For District Use Only:

Signature of Person Receiving Reconsideration Notice

Date Received