OLDHAM COUNTY SCHOOLS
GIFTED AND TALENTED EDUCATIONAL SERVICES (GATES)

GATES Appeals Procedure

District Identification Decision

Date: Student: Grade: School:

ID area for which student was referred for gifted identification:

Date of parent conference with school GATES coordinator:

Explain your concern, giving specific details:

What new information that was not reviewed by the committee are you presenting in this appeal?

_____

Parent Signature

For Office Use Only:

Parent/guardian submitted appeal on _____ to _____.

Date GATES Coordinator or Principal