



Bellevue School District's Advanced Learning Appeal Form for the 2023-24 School Year

**Appeal form must be submitted within ten (10) days of receiving results*

Return this form via

US Mail: Advanced Learning Dept. **OR** Email: advancedlearning@bsd405.org
 Bellevue School District
 P.O. Box 90010
 Bellevue, WA 98009

Name of Student: _____ DOB: _____

CURRENT School: _____

BSD Student ID: _____ **CURRENT** Grade Level: _____
(If known)

Program Appealing for:

- K-1 Domain-Specific Services** (Literacy & Math) [K & 1st]
- Domain-Specific Services** (Literacy, Math, or Nonverbal) [2nd - 8th]
- SCS-E** (Full-Time, Self-Contained Services - Elementary) [2nd - 5th]
- SCS-M** (Full-Time, Self-Contained Services - Middle School) [6th - 8th]
- SCS-H** (Full-Time, Self-Contained Services - High School) [9th - 12th]

Please indicate the reason for appeal and provide an explanation:

**Please note: illness will not be considered a valid reason for appeal.*

- Specific criteria related to the screening/testing conditions
- Misapplication or miscalculation of scores

Explanation (attach any information that further supports your appeal):

**Please note: BSD utilizes an equitable identification process, therefore private IQ test results will not be considered.*

If you need more space for your explanation, please attach another piece of paper.

Preferred Email _____

Preferred Phone Number _____

Alternate Email _____

Alternate Phone Number _____

Please type your complete name as your signature _____

Date _____

By typing your name above, you confirm that your name serves as your signature and verifies you are authorized to provide this information.