



Lafayette School Corporation
High Ability Program Appeal
Grades 5th-8th

Student's Name _____

Person Initiating Appeal _____

Grade Level _____

Name of School _____

Date _____

Parent/Guardian contact email and phone:

Please read the following items and indicate which reasons you believe apply in this situation. Explain in detail. Return this form and a copy of any additional information or work samples deemed as necessary to the High Ability office at 2300 Cason St. Lafayette, IN 47904. **This form must be returned to the High Ability office by July 1st to be considered.** *The Appeal Committee will review the appeal. You will be notified of a decision via mail, email, or phone call.*

Review application for placement in:

Grade: _____

EXCEL CHALLENGE

STEM- Math/or Science

HUM-ELA/or Social Studies

Both

1. What decision is being appealed and why?

2. What might be some special circumstances that exist which may have caused this student to (a) test poorly, (b) receive an inappropriate score, (c) rate a low recommendation, or (d) have low grades?

3. What behaviors, characteristics, etc., does your child exhibit outside of the school day that you believe should be considered in this matter? (i.e. special awards, honors, recognition, etc.)

4. Is there any personal information that should be considered when making this decision?



Select only the two or three items relevant to your child's situation and complete.

1. Describe your child's interests.

2. Describe your child's reaction to new and/or challenging information.

3. Describe what is unique about your child's way of thinking, way of perceiving the world, and/or way of approaching life and learning.

4. Describe your child's interaction with his/her same-age peers.

5. Explain why you chose any work samples that you have included.

Signature _____ Date _____
Parent

Signature _____ Date _____
High Ability Coordinator

<u>Decision:</u>	
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