AVON COMMUNITY SCHOOL CORPORATION
HIGH ABILITY PROGRAM

GRADES 3-6 PLACEMENT APPEAL FORM

Student Name ________________________________________________________________

Grade Level for 20___-20___ School Year _________________________________________

Current School ___________________________________ Next Year’s School ____________

Parent(s) Name ______________________________________________________________

Home Address __________________________________________________________________

Telephone # ______________________ (Home) ______________________ (Work)

Review application for placement in:

_____ 3rd Grade High Ability Program
   ☐ Math Teacher:______________
   ☐ Eng/Language Arts Teacher:______________

_____ 4th Grade High Ability Program
   ☐ Math Teacher:______________
   ☐ Eng/Language Arts Teacher:______________

_____ 5th Grade High Ability Program
   ☐ Math Teacher:______________
   ☐ Eng/Language Arts Teacher:______________

_____ 6th Grade High Ability Program
   ☐ Math Teacher:______________
   ☐ Eng/Language Arts Teacher:______________

The following items are possible reasons for requesting an additional review of this student’s application file for the High Ability Program. Read these carefully and indicate which reasons you believe apply in this situation. Explain why the choice(s) selected are applicable. Include a copy of any additional information.

1. Special circumstances have existed which cause this student to (a) test poorly, (b) receive an inappropriate score, (c) rate a low recommendation, (d) have low grades.
   Comments:_____________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

2. We have additional test information.
   Comments:_____________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

   Last updated February 2024
3. This student has recently received special recognition.
   Comments:_____________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________

4. Other comments:
   ______________________________________________________________________________________
   ______________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________

Signature ___________________________________________ Date ______________
Parent

Signature ___________________________________________ Date ______________
High Ability Coordinator

High Ability Coordinator
Avon Community School Corporation
7203 East U.S. Highway 36
Avon, IN 46123
(317) 544-6000
Fax: 317-544-6001

Please complete the Placement Appeal Form and mail or fax to the address above.
This form must be returned by June 28, 2024 to be considered for the 2024-2025 school year.
The committee will review all appeals. You will be notified of the decision by mail.