

Lind-Ritzville Cooperative School District

Highly Capable Program Appeals Form

Student: _____ Grade: ____ School: _____ Parents: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Reason(s) for appeal (please check all that apply): The appeal must include the reasons for the appeal as well as any supporting information.

Error in Scoring

Testing Bias

Special Circumstances

Reason(s) for Appeal: