

Medical Lake 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:

Parent/Guardian Signature: _____ Date: _____

Send completed form and supporting evidence to the Highly Capable Program office:

Kimberly Headrick
116 West Third Street
PO Box 128
Medical Lake, WA 99022

Process for appealing the selection decision includes:

- Complete and Appeal Form within ten (10) business days of receiving notification
- Include supporting evidence
- The appeals committee will meet to review the appeal within thirty-five (35) days of receiving the appeal and a written summary of findings will be sent

Exit procedure:

- The exit process may be initiated due to data, concerns regarding assignment completion, attendance, social/emotional wellness, academic achievement, etc.
- The exit process for the program involves the teacher, student, parents, and the school principal.
- Parents may remove their students from the program by contacting the student's teacher or principal and completing and Exit Form.
- A request may be made by a teacher or program administrator for highly capable student identification and placement discontinuation. Should the determination be made that a student is not demonstrating consistent academic progress, a conference to discuss alternatives will be scheduled with parents, the teacher, and the principal. This may result in a change of placement.