Millwood Public Schools District

Gifted & Talented

Appeal Request Form:

Parents may appeal a decision by asking for the reconsideration of results of any part of the identification process which would include the following: screening procedures or assessment instrument (which results in identification); the scheduling of assessment(s); the placement of the student in any program; and receipt of services. Parents should request and submit an official Appeal Form provided by the district outlining the nature of the concern with supporting documentation to the Gifted and Talented Coordinator.

The parent must provide evidence that the student’s knowledge, skills, and abilities are superior to those demonstrated and measured by school personnel. Testing from outside sources will be considered, but Millwood Public Schools District is not responsible for any costs incurred if a parent chooses to obtain information this way.

Upon receipt of a submitted Appeal Form, The Gifted and Talented Local Advisory Committee will convene a meeting with the parent(s)/guardian(s) to review the appeal request. Upon review of all information related to the appeal request, the Advisory Committee will make a decision within 30 days of the appeal request review meeting. Parent(s)/guardian(s) will be notified by mail within one week of the final decision.

**Please note that placement decisions are reversed only in instances where extensive documentation is presented providing significant evidence that the child’s knowledge, skills, and abilities are superior to those measured by school personnel. The decision of the Gifted and Talented Local Advisory Committee is final.**

**Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

As the parent of the above listed student, I am requesting an appel to the decision for placement of my child in the Gifted and Talented Program within the Millwood Public Schools District.

I am requesting an appeal for the following reason(s):

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Millwood Public Schools District

Gifted & Talented

Appeal Request Form:

I am requesting that the following action(s) be done:

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Support documentation that I am providing with this form includes:

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**Contact Information:**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**