**Lufkin ISD Gifted and Talented Services Appeal Form**

An appeal is a request for the Gifted and Talented Placement Committee to examine additional information about a student’s qualifications in order to receive gifted and talented services. Appeals are made when a student does not initially qualify for services, but parents have substantial evidence to introduce that, when added to the existing information, creates a compelling ‘preponderance of evidence’ regarding the student’s need for program services.

A parent, teacher, school administrator, or student may request an appeal on a student’s behalf. The parents of the student must approve the appeal in writing.

In order to be reviewed, this form must be completed and returned to the Director of Advanced Academics within **10 business days** of receiving the notification letter and must contain information supporting the need for an appeal. Parents will receive a response of the Committee’s decision within **20 business days** of receiving the appeal and supporting information. Please send the form and documentation to:

 **Lufkn ISD**

 **Gifted & Talented Program**

 **P.O. Box 1407**

 **Lufkin, Texas 75902**

1. **Parent/Student Information**
2. Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Student Grade: \_\_\_\_\_\_\_\_ Campus Student Attends: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Student’s Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Contact Number: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Please list the date on the notification letter you received: \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
4. Person Requesting the Appeal and Relationship to the child:

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

1. **Samples/Evidence for Consideration**

Parents/teachers/staff/student must provide the committee with copies of documentation regarding the student’s traits and abilities. (No documentation will be returned).

This evidence may include:

* A letter from the person requesting an appeal detailing the supporting information the committee should consider.
* A portfolio (with examples - no more than 3) of the student’s writing, drawings, and/or math applications that show superior ability and advanced thinking skills (well above grade level/age level)
* A list of books the student has read independently within the last six months
* Letters (no more than 2) from those who know the student who can attest to the student’s abilities (well above grade level/age level) and characteristics of a gifted child
* Other evidence the parent feels demonstrates traits and abilities that are well above grade level/age level

 **Do NOT include**: progress reports, STAAR scores, certificates, trophies, or plaques,

 original pieces of work or artwork you wish to keep.

1. **Appeals Committee**

The Gifted and Talented Placement Committee will review this application along with additional data. This data may include:

* additional testing
* a student interview
* a math and/or writing response administered by district staff

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**Do not write below this line.**

Date Received: \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Summary of Decision:

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\_\_\_\_\_ Qualifies \_\_\_\_\_\_Does not Qualify

Gifted and Talented Placement Committee Signatures: