MAPLETON LOCAL SCHOOLS

Referral for Gifted Identification and Academic Acceleration

Parents have the right to appeal any decision about the results of any screening procedure or assessment, the scheduling of students for assessment, or the placement of a student in any program or for receipt of gifted services. To begin the process of appeal of any of the aforementioned, please complete the Appeals Form below and submit the form to the district office. Once your Appeals Form has been received the office will review the form and contact you to schedule a meeting with the superintendent and possibly the educators providing gifted services. Within 30 days after the meeting the superintendent will

Parent Name: _____ Date: _____
(Please Print)

Student Name: _____ Grade: _____
(Please Print)

Area of Student's Gifted identification: _____

Please select the area of gifted programming you wish to appeal:

_____ Decision about Results of Screening Procedure or Assessment

_____ Scheduling of Student(s) For Assessment

_____ Placement of Student in any Program

_____ Receipt of Gifted Services

Please provide a <u>detailed</u> description/explanation of your appeal (you may continue on the back of this page):

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_____ _____
(Parent Signature) (Date)