



Gainesville Independent School District *Gifted and Talented Appeal of Decision*

In order to be reviewed, this form must be completed and returned to the campus GT teacher/committee within ten (10) business days of the date the denial of placement letter was received and must contain information demonstrating that one or more of the appeal conditions exist.

Condition for Appeal

- ❖ Parent/Guardian has substantial evidence to introduce that, when added to the existing information, creates a compelling preponderance of evidence regarding the student's need for **academic program services** in which the student demonstrates exceptional ability in academic or divergent thinking.
- ❖ Parent/Guardian has substantial evidence to introduce that an inconsistent or improper application of the identification process has occurred.

1. Parent Name: _____

2. Student Name: _____

3. Student Grade: _____ Student DOB: _____

4. Campus Student Attends _____

5. Student's Home Address: _____

6. Contact Number: (_____) _____

7. Email Address: _____

8. Which condition(s) for appeal(s) listed at the top of this document exists?

9. Please provide supporting information for the existence of the condition(s) that you have listed in #8

10. Please list the date on the denial of placement letter you received. ____ / ____ / ____

11. Please describe the outcome or remedy you seek from this appeal.

Parent Signature: _____

Date of filing: ____ / ____ / ____

NOTE: An appeal form that is incomplete in any material way may be dismissed, but may be refiled with all the required information if the refileing is within the designated time for filing an appeal. Attach to this form any documents you believe will support the appeal. Please keep a copy of the completed form and any supporting documentation for your records.