

Lafayette School Corporation

High Ability Program Appeal Grades 1st -4th

Student's Name	Person Initiating Appeal
Grade Level	Name of School
Date	Parent/Guardian contact email and phone:
Return this form and a copy of Ability office at 2300 Cason St.	s and indicate which reasons you believe apply in this situation. Explain in detail any additional information or work samples deemed as necessary to the High Lafayette, IN 47904. This form must be returned to the High Ability office. The Appeal Committee will review the appeal. You will be notified of a phone call.
Review application for placeme	ent in:
Grade:	
☐ Math ☐ Eng ☐ Both 1. What decision is being	glish Language Arts
	pecial circumstances that exist which may have caused this student to (a) test nappropriate score, (c) rate a low recommendation, or (d) have low grades?
	cteristics, etc., does your child exhibit outside of the school day that you believe n this matter? (i.e. special awards, honors, recognition, etc.)
Is there any personal in	nformation that should be considered when making this decision?



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Select only the two or three items relevant to your child's situation and complete

coloct only the two or thrown to home relevant to you	in online o ortantion and complete.	
Describe your child's interests.		
2. Describe your child's reaction to new and	or challenging information.	
Describe what is unique about your child's approaching life and learning.	s way of thinking, way of perceiving the world, and/or way of	
4. Describe your child's interaction with his/h	her same-age peers.	
5. Explain why you chose any work samples	s that you have included.	
SignatureParent	Date	
Parent		
Signature	Date	
High Ability Coordinator		
Decision:		