



Highly Capable Program Selection Decision Appeal

Date

Student Name Current Grade Level

Parent/Guardian Name Phone - -

Home Address

Current School

Reason for appeal (one or more must be checked to be considered for appeal):

- A condition or circumstance believed to have caused a misinterpretation of the testing results, (for example, an incorrect birth date or grade level used in calculation of the student's score).
- An extraordinary circumstance occurred during the testing period that may negatively affect the validity of the test results (such as a death in the family or extreme physical ailment); this must be communicated to the district office in writing within two weeks of the end of the testing window.
- The suspicion of an error in the administration of the assessment.
- A misapplication or miscalculation of the scores by the selection committee.

All appeals will go before the Appeal Review Team and you will be notified of the decision by mail. The purpose of the Appeal Review Team is to consider individual circumstances based on one of the criteria above, that may have impacted your child's evaluation data. It is the goal of Arlington Public Schools to provide all of our students with appropriate academic services.

Please note: No private testing will be considered.

Parent/Guardian Signature: _____

The deadline for submission of appeals is ten (10) business days from the date of notification of score results.

Mail or hand-carry to:
Highly Capable Program
Arlington Public Schools No. 16
315 N French Ave
Arlington, WA 98223

(This section for office use only)

Date received	Appeal Review Team Decision:
<input type="text"/>	<input type="checkbox"/> Appeal Granted
	<input type="checkbox"/> Appeal Denied
Comments:	Date of decision <input type="text"/>
<input type="text"/>	