

Lafayette School Corporation

**High Ability Program Appeal**

Student's Name \_\_\_\_\_ Person Initiating Appeal \_\_\_\_\_

Grade Level \_\_\_\_\_ Name of School \_\_\_\_\_

Date \_\_\_\_\_

Please answer the following questions.

1. What decision is being appealed and why?
  
  
  
  
  
  
  
  
  
  
2. Are there special circumstances that exist which may have caused this student to (a) test poorly, (b) receive an inappropriate score, (c) rate a low recommendation, or (d) have low grades?
  
  
  
  
  
  
  
  
  
  
3. Has the student recently received any special recognition or honors?
  
  
  
  
  
  
  
  
  
  
4. Are there any other thoughts you may have?

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by HA Coordinator/HA Assistant \_\_\_\_\_ Date \_\_\_\_\_

Decision: