



# North Thurston Public Schools

Assessment Department, 305 College St NE, Lacey WA 98516  
Tel 360-412-4497 Fax 360-412-4555 Email [assessment@nthurston.k12.wa.us](mailto:assessment@nthurston.k12.wa.us)

## Highly Capable Program Appeal of Highly Capable Identification Form

Name of Student: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Current School: \_\_\_\_\_

Date of Testing: \_\_\_\_\_

Name of Parent/Guardian Requesting Appeal of Highly Capable Identification:  
\_\_\_\_\_

Address: \_\_\_\_\_  
Street City, State Zip Code

Tel: Home \_\_\_\_\_ Cell \_\_\_\_\_ Alternate \_\_\_\_\_

Email: \_\_\_\_\_

Program placement decisions are not subject to appeal. Appeals of highly capable identification may be filed based on one of the following criteria *(please check one or both)*:

- A condition or circumstance believed to have caused a misinterpretation of testing results.
- An inequitable application of the identification process.

**All appeals must be submitted in writing within (15) fifteen days of the date of the original decision letter and include reasons in support of the fact that one or both of the above conditions have occurred.** Appeals are reviewed by the Superintendent's designee in consultation with the Executive Director of Assessment, Research & Accountability. The purpose of the appeal is to consider individual circumstances based on one or both of the criteria above, that may have impacted your student's evaluation data. It is the goal of North Thurston Public Schools to provide all our students with appropriate academic services.

Findings are reported in a letter to parents/guardians no later than 15 days after the appeal has been received. The findings are considered final and not subject to further appeal.

In the space below, please provide details of the circumstances leading to this request. You may also attach documentation relevant to the appeal. If no details or documentation are provided, this appeal will not be processed. There is no need to resubmit items that were submitted as part of the original application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Send to:</b> North Thurston Public Schools Assessment Department 305 College St NE Lacey, WA 98516 <a href="mailto:assessment@nthurston.k12.wa.us">assessment@nthurston.k12.wa.us</a>	<b>Date Received (Office Use Only):</b>
<b>Appeal Decision (Office Use Only):</b> <input type="checkbox"/> Appeal Granted <input type="checkbox"/> Appeal Denied  <b>Date of Decision:</b>	<b>Comments (Office Use Only):</b>