

**Mount Vernon School District Highly Capable Program Student Placement Appeal Form**

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| Student Name |
| School attending and grade level |
| Parent Name |
| Address |
| Phone Email |
| Today’s Date |
| Date of receipt of committee’s decision:(Within two weeks of today’s date) |
| By signing below, you are stating that you disagree with the committee’s decision regarding the placement decision of your student in the highly capable program. Please detail any additional information below that you believe would be helpful to committee in reviewing their decision. Attach additional pages, if necessary. |
| Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| The committee consisting of teachers, administrators, psychologists, and other appointed professionals will review assessment results, nomination materials, and any additional information provided in this appeal. The committee may request additional assessment or information prior to making a decision. Parents will receive a decision in writing within thirty days mailed to the address listed on this form. The committee’s decision will be final.  |