

New Prairie United School Corporation
High Ability Program
Appeal Request Form

Child's name _____

School _____

Grade _____

Parent/Guardian name _____

Address _____

Phone _____

Email _____

Person Making Appeal _____ Relationship to student _____

I wish to appeal the High Ability identification or placement decision for the following reasons and support my appeal with the attached documentation/data:

Signed _____

Date _____

Please submit to Barbara Papai, High Ability Coordinator, at Olive Elementary School.

The Identification Committee will review your appeal, and you will be notified of the final decision.