



**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:

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Signed \_\_\_\_\_ Date \_\_\_\_\_

**Please submit to Catherine Saylor, High Ability Coordinator, at Olive Elementary School.**

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