

Keller School District

HIGHLY CAPABLE PROGRAM APPEAL/REVIEW REQUEST FORM

Current Date: _____

Student's Legal Name: _____
Last First MI

Address: _____
Street City State Zip

School: _____ Grade: _____ Teacher: _____

Parent/Guardian's Name: _____
Last First MI

Person requesting this appeal (Print): _____

Person requesting this appeal (Signature): _____

Relationship to the child: _____

Address: _____
Street City State Zip

Telephone: _____

Please include a detailed written explanation as to why the appeal is being filed including specific new information that might impact the decision by the committee. Any additional assessments must be initiated by the committee and administered by Keller School District.

Return to:

Keller School
P.O. Box 367
Keller WA 99140

The appeals request will be reviewed by a committee knowledgeable about Highly Capable Program services and chaired by Dr. Mike Perry. The committee decision will be sent in writing to the person filing the appeal.