

Highly Capable Program K-12 Appeal/Review Request Form

Current Date: _____		
Student's Legal Name: _____		
Last	First	MI
Address: _____		
Street	City	Zip
School: _____ Grade: _____ Teacher: _____		
Parent's Name: _____		
Last	First	MI

Person requesting this appeal (signature): _____		
Person requesting this appeal (print): _____		
Relationship to the child: _____		
Address: _____		
Street	City	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. This should include examples of student work. Any additional assessments must be initiated by the committee and administered by Lynden School District.

Return to: Megan Dickson at the District Office

The appeals request will be reviewed by a school-based committee knowledgeable about Highly Capable Program services and chaired by the Director of Teaching and Learning. The committee decision will be sent in writing to the person filing the appeal.