

Lake Central High Ability Appeal Form

Form must be hand-delivered, mailed or emailed **and** post-marked by May 1st

Student Name _____ DOB _____

Address _____ City _____

School _____ Current Teacher and Grade _____

Name of Individual Making the Appeal _____

Phone Number _____

Relationship to the student _____

I am appealing placement in: Language Arts _____ Math _____ Both _____

An appeal does not re-evaluate student data already considered in the original identification process. Scoring at the Pass Plus level on ISTEP+, high grades, or high performance on classroom benchmark assessments are not valid reasons for an appeal. The purpose of the appeal is to bring new information to the attention of the committee that could lead to a different decision.

Please list the new information being provided that demonstrates the child's need for high ability services:

Signature of person making the appeal _____

Please return completed form and any new reports or other evidence by May 1st to:

Theresa Schoon
Lake Central School Corporation
8260 Wicker Avenue
St. John, IN 46373
tschoon@lcscmail.com