

## Lake Central High Ability Appeal Form

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

Student Name \_\_\_\_\_

Current Grade and School \_\_\_\_\_

Name of Individual Making the Appeal \_\_\_\_\_

Phone Number \_\_\_\_\_

Relationship to the student \_\_\_\_\_

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

8260 Wicker Avenue

St. John, IN 46373

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