

Lake Central High Ability Appeal Form

**Form must be hand-delivered, emailed, or mailed AND postmarked by
Thursday, March 20, 2025**

Student's Name _____

Street Address _____

City _____ **School** _____

Current Teacher _____ **Current 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 Above Proficiency on ILEARN, high grades, or high performance on grade level classroom benchmark assessments **are not** valid reasons for an appeal. The purpose of the appeal is for families to bring new information to the attention of the committee that could lead to a different decision. It is not the committee's responsibility to gather data for the appeal. Please return the completed form with any additional documentation to:

Dr. Yolanda Bracey,
Director of Primary Education/High Ability Coordinator
8260 Wicker Ave.
St. John, IN 46373
ybracey@lcscmail.com