Lake Central High Ability Appeal Form

Form must be hand-delivered, emailed, or mailed AND postmarked by Thursday, March 18, 2027

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 appea**l 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 this 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