

Rockwall ISD Gifted and Talented Services Appeal Form Level One

In order to be reviewed, this form must be completed and returned to the District GT coordinator within 15 business days of the postmark date on the notification letter and contain information supporting that one or more of the appeal conditions exist.

Conditions for appeals:

- Parents have substantial evidence to introduce that, when added to the existing information, creates a compelling ‘preponderance of evidence’ regarding the student’s need for program services.
- Parents have substantial evidence to introduce that an inconsistent or improper application of the identification process has occurred.

1. Parent Name: _____

2. Student Name: _____ 3. Student Grade: _____

4. Campus Student Attends: _____

5. Student’s Home Address: _____

6. Contact Number: (_____) _____

7. Email Address: _____

8. Which condition (s) for appeal(s) listed at the top of this document exists?

9. Please provide supporting information for the existence of the condition(s) that you have listed in #8.

10. Please list the date on the notification letter you received. ____/____/____

11. Please describe the outcome or remedy you seek for this complaint.

Parent Signature: _____

Date of filing: ____/____/____

Complainant please note: A complaint form that is incomplete in any material way may be dismissed, but may be refiled with all the required information if the refileing is within the designated time for filing a complaint.

Attach to this form any documents you believe will support the complaint. Please keep a copy of the completed form and any supporting documentation for your records.