

Kittatinny Regional Consortium

Gifted Education Services Parental Appeal Form

Student Name _____ Grade _____

District _____

Parent Name _____

Telephone Number _____

Please complete the following questions. DO NOT attach work samples.

1. Briefly state reason for appeal.

2. List any extenuating circumstances that may have adversely affected the student's test results.

3. List specific strengths and abilities that might not be indicated by test results.