



Highly Capable Program Selection Decision Appeal Form

Date: _____ Current School: _____

Student Name: _____ Current Grade Level: _____

Parent Name: _____

Home Address: _____

Phone Number: _____ Primary email: _____

Highly Capable assessment criteria are applied equitably to all applicants. Appeals for reconsideration of students who have not met the eligibility criteria are reviewed by the Multidisciplinary Selection Committee after notification of results and after notification of the Multidisciplinary Selection Committee placement decision.

- Appeals must be based upon a specific criteria related to the screening/testing conditions, or to a misapplication or miscalculation of the scores. Appeals outside of these criteria will not be processed.
- Appeals must be submitted to the Highly Capable Office in writing **within 10 calendar days of notification of results.**
- The decision made by the Appeal Review Team is final.
- If you do not have access to a computer, please contact the Highly Capable Program office at 425-837-7120 or email highlycapable@issaquah.wednet.edu

Please select the criteria for the appeal below:

- ☐ The suspicion of an error in the administration of the assessment.
- ☐ A misapplication, miscalculation, or misinterpretation of the scores.
- ☐ An extraordinary circumstance occurred **during the eligibility-testing period** (such as a death in the family or extreme physical ailment) that may negatively affect the validity of the test results. Notification to the district in writing within two weeks of the end of the testing window is appreciated to support the appeal process.

All appeals will go before the Multi-Disciplinary Selection Committee (MSC). Notification of the decision (either i.e., approved or denied) will be sent by email. The Appeal Review Team will hold no in-person hearings. The purpose of the appeal review process is to consider individual circumstances based on one of the criteria above, that may have impacted your student's evaluation data. It is the goal of the Issaquah School District to provide all of our students with appropriate academic services.

Attach additional information to explain the appeal. Please note: NO PRIVATE TESTING will be considered.

Parent Signature: _____

Mail or hand carry to:

Highly Capable Program, Issaquah School District
5150 220th Ave SE, Issaquah, WA 98029

Date Received (Office Use Only):

Alternatively, scan and email (pictures not accepted) to: highlycapable@issaquah.wednet.edu

MSC Decision:

Date:

☐ Approved ☐ Denied

Comments: