



## Appeal of GT Placement Decision

*In order to be reviewed, this form must be completed and returned to the campus GT teacher within 10 business days of the notification letter and contain information supporting the appeal.*

A student who does not qualify to participate in the GT program may appeal the decision of the GT Committee. The appeal process is designed to ensure that quality and appropriate decisions are made in the best interest of students and according to district guidelines. Appeal decisions will be made within 30 days of the date the appeal is submitted.

Student Name \_\_\_\_\_ ID \_\_\_\_\_

Campus \_\_\_\_\_ Grade Level \_\_\_\_\_ Date Submitted \_\_\_\_\_

Name of individual making the appeal \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

By making this Appeal, you are saying that you disagree with the GT Committee's decision to not recommend your student for participation in the GT program. BISD GT services are designed to serve the academic needs of learners who are performing at a remarkably high level of accomplishment or show the potential for a remarkably high level of accomplishment.

Please state your rationale for the appeal including 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. Attach to this form any documents you believe will support the complaint.

For District Selection Committee use only:

Date of District GT Selection Committee Appeals Meeting: \_\_\_\_\_

Action of committee: \_\_\_\_\_