



FREEMAN SCHOOL DISTRICT #358

HIGHLY CAPABLE PROGRAM

APPEALS FORM

INFORMATION

Child's Name (Last, First):

Current Grade:

Current School:

Teacher:

Parent/Guardian(s) Name(s):

Parent/Guardian(s) Address:

City:

Zip Code:

Parent/Guardian(s) email:

Phone #1:

Phone #2:

Work Phone:

Reason(s) for the appeal: (The appeal must also include supporting information and/or documentation)

Parent/Guardian Signature:

Date:

Parents or guardians may appeal the decision of the Multidisciplinary Selection Committee (MSC) in writing to the superintendent's designee within five business days following notification of the decision. The written appeal request and previous assessment information will be reviewed by an appeals committee. This committee will be appointed by the superintendent or superintendent's designee. The committee will make a decision to place the student in the program or to deny placement of the student in the program. The committee may request additional assessment or other information prior to making a decision. Parents will be informed in writing of the final decision. The decision of the appeals committee is final.