



# PPS Appeals Form

## Department of Talented and Gifted

Date \_\_\_\_\_

### Student Information *(Parent Completes)*

Student's Full Name		Student's ID Number	
Current School		Current Grade Level	
Current Teacher		Parent Name	
Why is an appeal requested? Please explain.			
Parent Signature			

### Additional Body of Evidence – Complete All That Apply *(Educator Completes)*

Intellectual Assessment/s	CogAT:	Other:	Other:
Math Assessment/s	IOWA:	SBAC:	Other:
Reading Assessment/s	IOWA:	SBAC:	Other:
Grades			
Observations			
Oral Responses			
Sample of Student Work <i>(May Include Native Language)</i>	Type:	Type:	Type:
	Score:	Score:	Score:

1 – Early Beginner    2 – Developing    3 – Proficient    4 - Advanced

### Additional Teacher Comments

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### Final Recommendation *(Educator/TAG Completes)*

Is there a need to reassess?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Retest		Location and Time	
Will this student be TAG Identified	<input type="checkbox"/> TAG <input type="checkbox"/> Potential <input type="checkbox"/> Does Not Qualify				
School Team Signatures	Name:		Name:		
Date New Letter Sent:		Date Entered into Synergy:			