

Eden Prairie Gifted Program Identification Appeal Form

Child's Name:	Date	e of Birth:	
	Grade:		
Parent/Guardian Name(s):			
Street Name:	City:	State:Zip:	
Daytime Phone Number:	Cell:		
Email address(es):			
Informal Level: Prior to the filing of a formal appeal, pare specialist to review the assessment process.	_	th the district coordinator or	the site GT
Formal Level: Appeals requests must be submitted with extenuating circumstances, late appeals or request. If the appeal is accepted, the studistrict placement committee who will me 10 days of the District Placement Commit	will not be processed. The distric udent will go through further tes take the final decision. Appeal de	ct placement committee will ting and this information will	review the appeal I go back to the
Reason for Appeal:			
 There was an error in the original verified must be attached. 	l information submitted with the	application. Documentation	that can be
There is new information that wa	as not available at the time of the	e initial nomination.	
There is a circumstance or condit	ce or condition that was not shared that affected the initial testing results.		
 There is further testing which wa needs 	is not included in the assessment	process which highlights you	ur child's academio
Any other academic performance	ance by your child which highlights your child's academic needs		
A condition or circumstance exist	ts that you believe substantiates	an appeal	
On the lines below, please provide details documentation relevant to the appeal. <i>If There is no need to resubmit items that</i> the state of the sta	no details or documentation are	e provided, this appeal will n	

Email this form and all supporting documents to EPgiftedtalented@edenpr.org or Mail to: Eden Prairie Schools, Attn: Liz Stamson, 8100 School Rd, Eden Prairie MN 55344 or return to the Gifted and Talented teacher at your child's school.