

**ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT
ADVANCED ACADEMIC SERVICES
APPEAL FORM**

APPEAL PROCEDURE: If the parent/guardian of the student wishes to appeal the decision of the Identification Committee, the parent/guardian must make an appointment with the principal on the campus to which the application was made within ten days after receipt of the AAS placement notification. The form below should be completed and brought to that appointment.

STUDENT NAME: _____
Last name *First name* *MI*

GRADE: _____ ID #: _____ CURRENT CAMPUS: _____

I wish to appeal the decision of the District Identification Committee based upon ONE of the following:

NOTE: At each level it is the parent's responsibility to call and schedule an appointment.

_____ The grades and/or scores were incorrect. Correct data is attached.

_____ My child does not have the same opportunities to excel as peers. I would like to participate in the Environmental Opportunities Profile.

_____ My child did not have access to the application procedure because

_____ Other:

Student *Date* *Parent/Guardian* *Date*

REVERSE SIDE TO BE COMPLETED BY THE DISTRICT DESIGNEE AT THE APPROPRIATE LEVEL.

Level One: Date _____ Time _____ Principal _____

Resolution: _____

Please check the appropriate statement below:

Principal overrides the GT committee and places the child in GT. (**Supporting testing data must be attached to support this decision**)

The parent wishes to appeal to the next level no later than: _____ (ten days from today's date)

The original documentation will be sent to the AAS Director by the Principal. The parent must arrange an appointment by calling (432) 456-8819.

The parent does not wish to appeal to the next level. A copy of this appeal has been given to the parent/guardian. The original documentation has been sent to AAS.

Parent Principal

Level Two: Date _____ Time _____ AAS Coordinator _____

Resolution: _____

Please check the appropriate statement below:

The parent wishes to appeal to the next level no later than: _____ (ten days from today's date)

The original documentation will be sent to the District Instructional Officer of Curriculum & Instruction. The parent must arrange an appointment by calling (432) 334-7165.

The parent does not wish to appeal to the next level. A copy of this appeal has been given to the parent/guardian. The original documentation has been retained in AAS.

Parent Omega Loera, Director of Advanced Academic Services

Level Three: Date _____ Time _____ District Instructional Officer _____

Resolution: _____

Please check the appropriate statement below:

The parent wishes to appeal to the next level no later than: _____ (ten days from today's date)

The original documentation will be sent to the Superintendent. The parent must arrange an appointment by calling (432)334-7100.

The parent does not wish to appeal to the next level. A copy of this appeal has been given to the parent/guardian. The original documentation has been retained in AAS.

Parent Dr. Lilia Nanez, Associate Superintendent of Curriculum and Instruction