Waco Independent School District
Gifted and Talented Appeal Request

Parents, educators, or students may appeal an admission decision of the Advanced Academics Admission, Review, and Exit (A.R.E) committee by asking for reconsideration of the results of any part of the G/T identification process. An official Request for Reconsideration appeal form can be obtained from the Advanced Academics office. This form must outline the reasons for the appeal and provide supporting documentation. A parent signature is required on the appeal form for the information to be considered.

The individual (student, teacher, parent, or administrator) submitting the appeal must provide evidence that the student’s knowledge, skills, and abilities are superior to those demonstrated and measured during the initial screening.

To be reviewed, the form must be completed and returned to the Director of Advanced Academic Services within 10 business days of the postmark date on the notification letter and must contain information supporting one or more of the appeal conditions.

Upon receipt of a submitted Request for Reconsideration, the Advanced Academic Services Advisory Committee will convene to review the request. Upon review of all information related to the appeal, the Advisory Committee will make one of the following decisions:

1) accept the data provided and grant the appeal request,
2) request further testing, or
3) determine a lack of evidence exists to support identification or further testing and decline the appeal request.

The Advisory Committee will make a decision within 30 days of receipt of the appeal request. Parents(s)/guardians(s) will be notified by mail within one week of the final decision.

Please note: A.R.E. committee decisions are only reversed in instances where a preponderance of documentation provides significant evidence that the child’s knowledge, skills, and abilities are superior to those measured during the initial identification process.

The decision of the Advanced Academics Advisory Committee is final.
Request for Reconsideration

Conditions for Appeals:
1. There is **substantial evidence** presented that creates a compelling ‘preponderance of evidence’ regarding the student’s need for program services.
2. There is **substantial evidence** to prove that the data obtained during the initial screening was inaccurate or influenced by other variables.

Student Information

Postage Date of A.R.E. Decision Notification Letter : __________________________

Student Name: __________________________ Student ID: __________________________

Campus: __________________________ Grade: __________

Parent/Guardian: __________________________

Home Address: __________________________ (Street Address or P.O. Box) (City, State, Zip)

Person Submitting Appeal

☐ Parent/Guardian ☐ Teacher ☐ Administrator ☐ Student

1. Please select your condition(s) for appeal (please circle all that apply) 1 2

2. What documentation is attached to this form to provide substantial evidence to support condition(s) of appeal? Please explain the purpose of each piece of documentation. Attach additional pages if needed.

   ______________________________________

   ______________________________________

   ______________________________________

3.

Signature of Person Submitting Appeal  Parent Signature  Date

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