

HIGHLY CAPABLE PROCESS FOR APPEAL

Parents/guardians have the right to appeal the decision made by the Multidisciplinary Selection Committee (MDSC) concerning eligibility of a student in the Highly Capable program in accordance with the Tacoma Public Schools (TPS) Policy and Washington Administrative Code (WAC 392-170-076).

There are four circumstances in which an appeal can be considered:

- 1. The birthdate and/or grade level listed on the student's results and/or eligibility letter is incorrect.**
- 2. The student has a 504 Plan and/or IEP that has test accommodations and were not provided during the screener.**
- 3. An extraordinary circumstance occurred that may have negatively affected the validity of the test results.**
- 4. Screener score does not accurately reflect the student's achievement or ability based on alternative cognitive and/or achievement assessments.**

The following procedures are in place for an appeal:

1. Parent/guardian can access the appeal form on the Highly Capable Website. A printed and/or translated copy is available by calling the Highly Capable office.
2. Submit appeal to the Highly Capable office within 15 school days of receiving the non-eligibility letter. Via fax, email, or mail (postmarked by the deadline).
 - 253-571-1189 fax
 - hcservices@tacoma.k12.wa.us
 - TPS HiCap Office, 601 S 8th St 6th floor, Tacoma WA 98409
3. The Appeal Committee will make a determination to:
 - a. Uphold the original decision.
 - b. Continue with further testing.
 - c. Admit the student with provisional status.
 - d. Admit the student with full status.
4. A written decision by the Highly Capable Director will be sent to the parent/guardian within 30 school days of receiving the appeal.
5. The decision of the Appeal committee is final.

HIGHLY CAPABLE APPEAL FORM

Student's First name: _____ Student's last name: _____

Date of birth: _____

Student's Current Grade: _____ Student ID (if known): _____

Student's School: _____ Student's Teacher: _____

Reason(s) for Appeal: Must be at least one of the reasons stated below.

- ☐ **The birthdate and/or grade level listed on the student's results and/or eligibility letter is incorrect.** Please list correct birthday and/or grade level. _____
- ☐ **The student has a 504 Plan and/or IEP that has test accommodations and were not provided during the screener.** Please specify which accommodations were not provided. _____

- ☐ **An extraordinary circumstance occurred that may have negatively affected the validity of the test results.** (*example: unexpected move, family death, and/or illness*). Please briefly describe the extraordinary circumstance(s). _____

- ☐ **Screener score does not accurately reflect the student's achievement or ability based on alternative cognitive and/or achievement assessments.** Please attach a copy of the alternative assessment(s). (Note: The alternative assessment(s) must meet standards for reliability and validity similar to those administered by the district).
- ☐ **Additional information.** _____

I certify that I am the legal parent or guardian of this student and that the information herein is complete and accurate.

Print Parent Guardian/Name

Parent/Guardian Signature

Date