Mount Pleasant ISD Gifted and Talented Education Program Appeal of Placement Decision

Return this form to the gifted and talented teacher at your campus.

Name of Student:	_ Date of Appeal:
Name of Individual Making the Appeal:	
Phone Number:	
By making this appeal, you are stating that you disagree with the gifted and talented committee's decision. Please state below your rationale for the appeal, including any specific evidence that supports your claim that the participation decision for your student should be reconsidered. You may attach additional pages.	
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Parent/Guardian Signature:	Date:
GTC Review	
Date of Review:	
Overturn the original decision and recommend participation in GT program. Confirm the original decision without further testing. Confirm the original decision after further data collection.	