



Gifted and Talented Education Programs Eligibility Appeal Form

Student: _____ Student Number: _____

School: _____ Grade: _____ DOB: _____

Language(s) spoken in the home: _____

Parent/Guardian Name(s): (1) _____ (2) _____

Mailing Address(es): (1) _____

(2) _____

Parent/Guardian phone(s): (1) _____ (2) _____

Parent/Guardian email(s): (1) _____ (2) _____

The information provided in the appeal of my child's GATE eligibility status is true and accurate.

Parent/Guardian Signature(s):

(1) _____ Date _____

(2) _____ Date _____

Reason for Appeal:

_____ Issues with testing environment/experience _____ New assessment data (attach documentation)

Appeal Narrative:

In the space below, or on a separate sheet of paper if additional space is needed, please relate the explanation and any background information relevant to your appeal.

As this appeal will go through a blind review process, please exclude any personally identifiable information about the student (name, school, etc.) in the narrative portion.

Department use only

Administrative Review Team Decision:
