

Lake Central High Ability Appeal Form

Form must be hand-delivered, emailed, or mailed and post-marked by May 1st

Student Name_____

Address_____

City_____

School_____ **Current Teacher and Grade**_____

Name of Individual Making the Appeal_____

Phone Number_____

Relationship to the student_____

I am appealing placement in: Language Arts _____ Math _____ Both _____

An appeal does not re-evaluate student data already considered in the original identification process. Scoring at the Above Proficiency on ILEARN, high grades, or high performance on grade level classroom benchmark assessments are not valid reasons for an appeal. The purpose of the appeal is to bring new information to the attention of the committee that could lead to a different decision.

Please return the completed form with any additional documentation to:

Theresa Schoon

8260 Wicker Ave

St. John, IN 46373

tschoon@lcscmail.com