PPS Appeals Form
Department of Talented and Gifted

Date _____

Student Information *(Parent Completes)*			
Student's Full Name		**Student's ID Number**	
Current School		**Current Grade Level**	
Current Teacher		**Parent Name**	
Why is an appeal requested? Please explain.			
Parent Signature			

Additional Body of Evidence – Complete All That Apply *(Educator Completes)*			
Intellectual Assessment/s	**CogAT:**	**Other:**	**Other:**
Math Assessment/s	**IOWA:**	**SBAC:**	**Other:**
Reading Assessment/s	**IOWA:**	**SBAC:**	**Other:**
Grades			
Observations			
Oral Responses			
Sample of Student Work *(May Include Native Language)*	**Type:**	**Type:**	**Type:**
	Score:	**Score:**	**Score:**
1 – Early Beginner 2 – Developing 3 – Proficient 4 - Advanced			
Additional Teacher Comments			

Final Recommendation *(Educator/TAG Completes)*					
Is there a need to reassess?	**□ YES □ NO**	**Date of Retest**		**Location and Time**	
Will this student be TAG Identified	**□ TAG □ Potential □ Does Not Qualify**				
School Team Signatures	**Name:**		**Name:**		
Date New Letter Sent:		**Date Entered into Synergy:**			