

Appeal Form

Please be aware that appeals **must** be based upon one of the following conditions:

- An extraordinary circumstance occurred during testing that may have negatively affected the validity of the test results (i.e., a traumatic event or an illness preventing the completion of the test).
- A misapplication or miscalculation of the assessment data by the selection committee (i.e., incorrect birthdate or grade level used in calculating the student's score).

The MSC will not accept any outside cognitive testing or evaluations as supporting documentation for the appeals process.

Student Last Name	First Name	Middle
Date of Birth (MM/DD/YYYY)	Current Grade	Current School
Please indicate the reason for appeal and provide an explanation:		
<input type="checkbox"/>	An extraordinary circumstance occurred during testing that may have negatively affected the validity of the test results.	
<input type="checkbox"/>	A misapplication or miscalculation of the assessment data by the selection committee.	

Explanation: (attach any information that further supports your appeal)

Print Parent/Guardian Name	Parent/Guardian Signature	Date
Preferred Email (please print clearly)	Preferred Phone Number	Secondary Phone Number

Return this form with any supporting documentation no later than February 24, 2023.

Please mail, e-mail, fax, or deliver to the Highly Capable Program office at:

Edmonds School District
Highly Capable Program
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