

High Ability Appeal Procedure

Dr. Harold Olin
Superintendent

Mr. Jason Cary
Assistant Superintendent

Mr. Devon Marine
Director of Elementary
Curriculum

Mrs. Robin LeClaire
Director of Student Services

Mr. Dan Jack
Director of Human
Resources

Mr. Nate Day
Business Manager

Mr. Greg Thompson
Director of Technology

Greenfield-Central implements a well-designed, multifaceted identification process consistent with Indiana Code and the Indiana Department of Education's guidance. It is based upon sound measures designed for use with high ability learners in order to find those students whose academic needs are far beyond those of typical students of the same age in our school district.

An appeals process is in place in the event a student is not placed in the high ability program due to potentially invalid assessment results. A parent/guardian may choose to request an appeal to the placement decision. An official written appeal using this form must be filed by May 1st.

An appeals process allows the committee to review further information that shows good cause to reconsider the selection criteria or, if deemed appropriate, evaluate additional support documentation to consider high ability identification.

Appeal Procedure

- 1) Parent must submit a completed Appeal Form by the aforementioned date.
- 2) High Ability Coordinator reviews the new information provided.
- 3) The Coordinator may request alternative assessment(s) to be completed by the student. These may include alternate measures of ability and/or achievement, approved work samples, and/or interviews.
- 4) Coordinator, school administrator, classroom teacher(s), and other appropriate school personnel convene to consider the appeal and any new data.
- 5) Coordinator reports results to the petitioner.

HIGH ABILITY / HONORS PROGRAM(S) APPEAL FORM

Please complete the information below and mail, email, or deliver the Appeal Form to the contact information listed below. The appeal will be reviewed and you will be notified of the final decision by mail or email.

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Student Name _____

Grade _____

School _____

Name of Individual Making the Appeal _____

Relationship to Student _____

Email Address _____

Home Phone Number _____ Cell Phone Number _____

New information being provided that demonstrates the child's need for high ability services (attach additional reports or other evidence):

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-
-

Signature of Person Making the Appeal _____

Date _____

Please complete the Appeal Form and mail, email, or deliver to:
Greenfield-Central Community School Corporation
110 W. North St.
Greenfield, IN 46140
Attn: Devon Marine or dmarine@gcsc.k12.in.us
317-462-4434

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