



Gifted Education Services Identification Appeal Form

Child's Name: _____ Date of Birth: _____

Attending School: _____ Grade: _____

Parent/Guardian Name: _____

Home Address: _____ Number: _____

_____ Cell: _____

Email Address: _____

Reason for Appeal:

- There was an error in the original information submitted with the application. Documentation that can be verified must be attached.
- There is new information that was not available at the time of the initial recommendation for testing.
- There is a circumstance or condition that was not shared that affected the initial testing results.

On the lines below, please provide details of the circumstances leading to this request. You can also attach documentation relevant to the appeal. If no details or documentation are provided, this appeal will not be processed. There is no need to resubmit items that were submitted as part of the original identification packet.

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Appeals requests must be submitted within 30 days of the date of the original decision letter. Appeals decisions will be mailed to the home address within 10 days of the Appeals Committee's decision. Mail this form and all supporting documents to: Gifted Appeals Committee, 7000 W. Tanners Creek Drive, Norfolk, VA 23513