**Appeal of Identification**

A student, teacher, parent, or guardian may appeal the selection and/or review decision of the Gifted and Talented Identification and Placement Committee to the Principal of their school. If their appeal is denied, the party may then appeal to the District Talented Review Committee to include the Assistant Superintendent of Learning Support Services, Gifted and Talented Coordinator, gifted and talented certified instructional coach (excluding the certified gifted and talented teacher on the original decision making committee), a principal from each level – elementary, middle, and high – and other appropriate personnel for follow-up assessment and/or review of evidence. Requests for review shall be communicated, in writing, to the Gifted and Talented Coordinator within ten (10) school days of notification by the original Gifted and Talented Identification and Placement Committee. The District Gifted and Talented Review Committee shall provide their written decision to the parent/guardian and principal of the child’s school within ten (10) school days. The Review Committee will be appointed annually and will meet to review state regulations, and district policies.

**Parent Expressed Concern for Services Provided Identified Students**

**Level 1**

A teacher, student or parent/guardian shall present his or her initial written concern to the school principal. Within five (5) school days, the school principal shall meet with the teacher, student or parent/guardian to address their concern. The principal shall forward a report of any concerns to the Gifted and Talented Coordinator within five (5) school days of the meeting. If an agreement is not reached, the teacher, student, parent/guardian or principal may proceed to the next level.

**Level 2**

A teacher, student, parent/guardian or principal shall present his or her written concern to the gifted and talented coordinator. The gifted and talented coordinator shall discuss with the parent/guardian the nature of the written concern and any action that the gifted and talented coordinator believes should be taken to resolve the concern of the parent/guardian. The Gifted and Talented Coordinator shall provide a written response to the parent/guardian no later than fifteen (15) school days after receipt of the initial communication. The gifted and talented coordinator will forward a copy of the concern and response to the principal, the parent, the building coach, and to the Assistant Superintendent of Learning Support Services.
Level 3

The gifted and talented coordinator shall convene the District Gifted and Talented Review Committee within ten (10) school days to review the concern, assure that any requests for change in services comply with Kentucky regulation, and make changes, if appropriate. The District Gifted and Talented Review Committee shall include the Assistant Superintendent of Learning Support, district Gifted and Talented Coordinator, gifted and talented certified instructional coach (excluding the gifted and talented teacher on the original decision making committee), a principal from each level – elementary, middle, and high – and other appropriate personnel.

Level 4

If the teacher, student, parent/guardian or principal wishes further review of his or her concern, the written communication may be presented to the Superintendent of Schools. The Superintendent shall review previously presented information and administrative responses, and conduct any necessary investigation. The Superintendent shall provide a written response to the parent/guardian, the principal, and the district gifted and talented coordinator no later than ten (10) days after receipt of the parent’s communication at Level 3.
Parent Concern Form

Instructions

This form is to be used to present your concern to the Administrative Gifted and Talented Contact in your child’s school. If you have questions regarding this form, contact the Gifted and Talented Coordinator.

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Student/Parent’s Name

Home Address

_____________________________________________________________________________

School

Principal

_____________________________________________________________________________

Concerns

Give specific information about your concerns.

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What results are you seeking?

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Student/Parent Signature

Date