

## Rockwall ISD Gifted and Talented Services Appeal Form Level Two

To appeal the Level One decision, please fill out this form completely and submit it to the Superintendent's Designee within 10 business days of receipt of notification of the Level One response. Appeals will be heard in accordance with EHBB (LOCAL) and the Rockwall ISD Gifted and Talented Appeal Process.

**Conditions for appeals:**

- Parents have substantial evidence to introduce that, when added to the existing information, creates a compelling 'preponderance of evidence' regarding the student's need for program services.
- Parents have substantial evidence to introduce that an inconsistent or improper application of the identification process has occurred.

1. Parent Name: \_\_\_\_\_

2. Student Name: \_\_\_\_\_ 3. Student Grade: \_\_\_\_\_

4. Campus Student Attends: \_\_\_\_\_

5. Student's Home Address: \_\_\_\_\_  
\_\_\_\_\_

6. Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

7. Email Address: \_\_\_\_\_

8. Did you receive a Level One response? \_\_\_\_\_

9. Please explain specifically how you disagree with the outcome at Level One.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Attach a copy of your original complaint and any documentation submitted at Level One.
11. Attach a copy of the Level One response being appealed.

Parent Signature: \_\_\_\_\_

Date of filing: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Complainant please note: A complaint form that is incomplete in any material way may be dismissed, but may be refiled with all the required information if the refiling is within the designated time for filing a complaint.*

*Attach to this form any documents you believe will support the complaint. Please keep a copy of the completed form and any supporting documentation for your records.*