



Highly Capable Program (HCP) Appeal Form

For Students Who Have Not Met the HCP Entrance Criteria

Form must be submitted within ten (10) days of receiving results

Telephone: 360-335-3000 / www.camas.wednet.edu/highly-capable

<p>Return forms to the HCP Office: US Mail or in Person Highly Capable Program Office Camas School District 841 NE 22nd Avenue Camas, WA 98607</p> <p>OR <u>email</u> Highly Capable Program Office Maria.Klein@camas.wednet.edu</p>	<p style="text-align: right;"><i>For office use only</i></p> <p>Student # _____</p> <p>Date of Testing _____</p>
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Appealing for: HCP gifted cluster (2nd – 5th) Highly Capable English Lang. Arts/Social Studies block (6th & 7th)

Name: _____ Female Male

Birth Date: _____ Home Phone: _____

Address: _____ City/State/Zip: _____

Current School: _____ Current Grade Level: _____

Language spoken in the home _____

Please indicate reason for appeal and provide an explanation:

- Specific criteria related to the screening/testing conditions
- Misapplication or miscalculation of scores

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

Parent/guardian name(s): _____

Parent/guardian phone (1): _____ Phone (2): _____

E-mail Address: _____

I understand the appeal process may include an interview with my student by district staff, and I give permission for audio to be recorded of this interview.

The information provided is a true and accurate representation of my child for consideration of placement in the Camas School District Gifted Programs.

Parent/guardian signature

Date