APPEAL PROCEDURE: If the parent/guardian of the student wishes to appeal the decision of the Identification Committee, the parent/guardian must make an appointment with the principal on the campus to which the application was made within ten days after receipt of the AAS placement notification. The form below should be completed and brought to that appointment.

STUDENT NAME: ________________________________

Last name ________________________________ First name ________________________________ MI

GRADE: ___________ ID #: ___________ CURRENT CAMPUS: ________________________________

I wish to appeal the decision of the District Identification Committee based upon ONE of the following:

NOTE: At each level it is the parent’s responsibility to call and schedule an appointment.

_____ The grades and/or scores were incorrect. Correct data is attached.

_____ My child does not have the same opportunities to excel as peers. I would like to participate in the Environmental Opportunities Profile.

_____ My child did not have access to the application procedure because

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_____ Other:

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Student ___________________________ Date ___________________________ Parent/Guardian ___________________________ Date ___________________________

REVERSE SIDE TO BE COMPLETED BY THE DISTRICT DESIGNEE AT THE APPROPRIATE LEVEL.

Ector County ISD does not discriminate on the basis of gender, age, race, nationality, religion, disability, socioeconomic standing or non-proficiency in English language skills in providing educational services for students’ benefits.
Level One: Date_________ Time_________ Principal______________________________________
Resolution: ________________________________________________________________________

Please check the appropriate statement below:

___ Principal overrides the GT committee and places the child in GT. (Please attach data to support the decision)  
The parent wishes to appeal to the next level no later than: __________________________ (ten days from today’s date)  
The original documentation will be sent to the AAS Director by the Principal. The parent must arrange an appointment by calling (432) 456-8819.
___ The parent does not wish to appeal to the next level. A copy of this appeal has been given to the parent/guardian. The original documentation has been sent to AAS.

Parent ___________________________________________  Principal ________________________________________

Level Two: Date_________ Time_________ AAS Coordinator ________________________________
Resolution: ________________________________________________________________________

Please check the appropriate statement below:

___ The parent wishes to appeal to the next level no later than: __________________________ (ten days from today’s date)  
The original documentation will be sent to the District Instructional Officer of Curriculum & Instruction. The parent must arrange an appointment by calling (432) 334-7165.
___ The parent does not wish to appeal to the next level. A copy of this appeal has been given to the parent/guardian. The original documentation has been retained in AAS.

Parent ___________________________________________  Omega Loera, Director of Advanced Academic Services

Level Three: Date_________ Time_________ District Instructional Officer__________________
Resolution: ________________________________________________________________________

Please check the appropriate statement below:

___ The parent wishes to appeal to the next level no later than: __________________________ (ten days from today’s date)  
The original documentation will be sent to the Superintendent. The parent must arrange an appointment by calling (432)334-7100.
___ The parent does not wish to appeal to the next level. A copy of this appeal has been given to the parent/guardian. The original documentation has been retained in AAS.

Parent ___________________________________________  Dr. Lilia Nanez, Associate Superintendent of Curriculum and Instruction

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