



## ALAMO HEIGHTS INDEPENDENT SCHOOL DISTRICT GIFTED/TALENTED PROGRAM PLACEMENT REVIEW REQUEST

### Appeal Process

Parents, students, teachers, or counselors may appeal any final decision of the identification committee regarding identification for or removal from gifted and talented services. There are two conditions for appeals:

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

A written appeal must be submitted no later than 15 calendar days after the identification committee has communicated its decision. This Placement Review Request Form should be turned in with a letter of appeal. This letter of appeal should include information about intent to seek outside testing.

- Students in grades 6-12 submit the appeal to GT Coordinator Mr. John Sheppard (JS) or Assistant Principal Mr. Joseph Holzmann(HS).
- For students in kindergarten through fifth grade, the appeal should be submitted to the HEIGHTS Program Office located at Cambridge Elementary or emailed to [annvz@ahisd.net](mailto:annvz@ahisd.net)

### Outside Testing

Appeal information from private testing is considered; however, scores from private testing do not supplant scores received through AHISD testing. This means that current AHISD students must participate in local testing for gifted and talented services before submitting outside testing. All outside testing is reviewed by AHISD faculty members with appropriate certifications and licensure to review psychological testing.

A parent may seek outside testing at their own expense. Private evaluation results will only be accepted if the following criteria have been met:

1. The test is administered by a professional who possesses the appropriate license and/or credentials to administer an assessment (i.e. psychologists, school psychologists, psychometrists or psychiatrists).
2. WISC-V is the only test that will be accepted in lieu of CogAT or OLSAT abilities testing, and CTP 4 or Woodcock Johnson IV are the only tests that will be accepted in lieu of IOWA achievement testing. All other tests must be approved by the Executive Director of Curriculum and Instruction.
3. A copy of the cover of the test protocol should be included along with a brief summary of the test results.
4. Students with a qualifying score obtained from outside testing must still meet the district's additional qualitative criteria required for the full referral process to be complete.

Results from the test must be sent by the testing professional to AHISD Curriculum Office and cannot be accepted from a parent/guardian. Outside testing to appeal September- May GT testing must be received by the Curriculum Office before May 15<sup>th</sup>.

AHISD Curriculum Office  
7101 Broadway  
San Antonio, TX  
78209  
Attn : GT Testing

**The outside evaluation guidelines are designed to maintain fair and equitable procedures for identifying students for GT services.**

### Notification

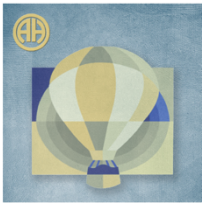
Parents will be notified if the outside evaluation scores are accepted or if additional information is needed.

### Elementary Heights Office

Program Coordinator Ann Veazey  
Secretary Tamara Vollmer-Slowey  
Phone (210) 832-5844

### Secondary Coordinators

Junior School- John Sheppard 210-832-5823 or [jdshepp@ahisd.net](mailto:jdshepp@ahisd.net)  
High School- Joseph Holzmann 210-820-8850 or [jholzmann@ahisd.net](mailto:jholzmann@ahisd.net)



**ALAMO HEIGHTS INDEPENDENT SCHOOL DISTRICT  
GIFTED/TALENTED PROGRAM  
PLACEMENT REVIEW REQUEST**

Student Name \_\_\_\_\_

Campus \_\_\_\_\_

Parent Name \_\_\_\_\_

Address \_\_\_\_\_

**I. Appeal Request**

- Appeal the decision of the Selection Committee for placement in GT services.  
(Identify reason below or attach letter stating reason for appeal and providing new evidence to be considered.)
- Other: \_\_\_\_\_

**II. State Reason for Request**

Attach additional pages as needed. Include information about intent to seek outside testing, if applicable.

\_\_\_\_\_  
Person Completing Form Signature

\_\_\_\_\_  
Date

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**III. Committee Recommendation**

- Appeal Granted  
 Appeal Denial  
 Furlough: \_\_\_\_\_  
 Other: \_\_\_\_\_

**IV. Comments**

\_\_\_\_\_  
Identification Representative Signature

\_\_\_\_\_  
Date