Hazelwood School District
Acceleration Appeals Procedure

1. Contact the Coordinator of Gifted Education to review the testing circumstances and the scores.

2. If an appeal is desired, the parent or guardian must fill out the Hazelwood Acceleration Appeal Form. This completed form must be received by the Coordinator of Gifted Education within 30 days of the Hazelwood acceleration decision letter.

3. The information will be reviewed by the Appeals Committee. This committee includes the appropriate Hazelwood School District Curriculum Coordinator, Coordinator of Gifted Education, and a teacher not part of the initial decision. The Assistant Superintendent of Curriculum may also be consulted. This committee will meet within 30 days of receipt of the Appeal Form.

4. The Appeals Committee may ask for additional assessment or medical records, if needed. Once all information is collected, the Appeals Committee will make their decision. The decision may be to admit the student based on current scores, retest the student using the same or a different assessment, or determine that the new information provided does not have a bearing on the results.

5. A written notice of the decision of the Appeals Committee will be sent by mail within 10 days of the Appeals meeting. All decisions by this committee are final.

6. Students who do not meet eligibility requirements can be tested again two years from the initial testing.
Hazelwood School District Acceleration Appeal Form

Child’s Name:_________________________________________ Date of Birth: _____________________

Attending School: ______________________________________________________ Grade: __________

Parent/Guardian Name: _________________________________________________________________

Home Address: ________________________________________________________________________

Daytime Phone Number: ______________________________ Cell: ______________________________

Email Address: _________________________________________________________________________

Reason for Appeal:

☐ There was an error in the original information submitted with the application/consent to testing form. Documentation that can be verified must be attached.

☐ There is new information that was not available at the time of the initial nomination.

☐ There is a circumstance or condition that was not shared that affected the initial testing results.

On the lines below, please provide details of the circumstances leading to this request. You can also attach documentation relevant to the appeal. If no details or documentation are provided, this appeal will not be processed. There is no need to re-submit items that were submitted as part of the original application.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Appeals requests must be submitted within 30 days of the date of the original decision letter. In the absence of extenuating circumstances, late appeals will not be processed. Appeal decisions will be mailed to the home address within 10 days of the Appeals Committee’s decision. Mail this form and all supporting documents to the Hazelwood Gifted Department at the address provided above.

______________________________________________________              _________________________
Parent/Guardian Signature        Date