

Oak Park District 97
 Gifted Talented Differentiation (GTD) Resource
 Direct Services Qualification Appeal

Date filed:	
Date rcvd:	

Student Information to be filled out by appeal filer:

School:		Current Grade:	
Last Name:		First Name:	

Subject area for qualification: (Please check)

Math	<input type="checkbox"/>	Language Arts	<input type="checkbox"/>	Both	<input type="checkbox"/>
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Quantitative Support to be filled out by GTD:

MAP Data

Math		Reading	
Term	%ile	Term	%ile
Fall 20__		Fall 20__	
Winter 20__		Winter 20__	
Spring 20__		Spring 20__	

CogAT Data

Quantitative SAS Score		Verbal SAS Score	
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Report Card Grades:

Math		Reading		Writing	
Fall 20__		Fall 20__		Fall 20__	
Winter 20__		Winter 20__		Winter 20__	
Spring 20__		Spring 20__		Spring 20__	

Qualitative support to be gathered by parent with teacher support:

Please attach or include a written explanation of the appeal, along with any recommendations or **evidence of student performance**, which support the need for direct GTD Resource Services. This may include, but not limited to; teacher recommendations, other assessments, prior participation in a Gifted/Enrichment program in another school district, and/or Summer Gifted Assessments (see procedures)

Person Filing Appeal if different than parent or guardian:

Last Name:		First Name:	
Relation to student:			
Phone number:		E-mail:	

Parent/Guardian contact information

Last Name:		First Name:	
Relation to student:			
Phone number:		E-mail:	
Address:		Zip:	