



NEW BRAUNFELS INDEPENDENT SCHOOL DISTRICT

Services for Gifted and Talented Students - Request for Formal Reconsideration

To file a **Request for Formal Reconsideration**, complete the following information, sign, and date this document and return the form along with a letter which describes the concern, the remedy sought, and evidence supporting the remedy to the school counselor within five days after receiving the letter of non-qualification.

Student for whom reconsideration is requested _____
Last Name, First Name, MI

School	ID#	Date of Birth	Grade
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Parent/Guardian: _____
Name Street/Box City/Zip

Telephone: Home _____ Work _____ Cell _____

Email Address: _____

Reason(s) for filing this reconsideration (check one or more):

- 1. The home language of the student is not English.
- 2. The student has a disability which may have impacted testing, as identified through special education ARD or 504 Committees.
- 3. The student earns within one point of qualifying on the matrix and in other ways exhibits need for gifted services.

I have completed this form accurately and completely. I have reviewed with a professional staff member at the student's school the completed Gifted/Talented Matrix for the above named student. I realize that I may attend the reconsideration meeting or supply written testimony which explains why I believe the student is gifted. Such information may be informal (samples of student work, observed behaviors, etc.) and/or formal (other test scores not previously available to the Screening and Selection Committee).

_____ Initials **If** my child is reconsidered for additional Gifted and Talented identification, by submitting and signing this form, I give permission for NBISD to administer an academic achievement assessment and a cognitive ability measure in order to determine possible qualification for NBISD Gifted/Talented services.

Person(s) requesting reconsideration (check one or more)
 parent school personnel student other (give relationship to student)

Printed Name of Person Requesting Reconsideration _____

Signature of Person Requesting Reconsideration _____

Return completed form to your child's campus counselor no later than _____.

During the school year, reconsideration will be reviewed within ten working days. Please be sure to provide any evidence needed for reconsideration with the submission of this request.

Signature of Person Receiving Reconsideration Notice

Date Received

