

Patrick County Public Schools  
104 Rucker Street – P.O. Box 346  
Stuart, VA 24171

## Appeal of Gifted Placement Decision

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Please state the reason(s) you disagree with the Identification/Placement Committee's decision.

What do you think would be the appropriate placement options for this student?

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

*Please complete this form and **return within 10 days** to the gifted resource teacher at your child's school.*