



Bellevue School District's Advanced Learning Appeal Form for the 2021-22 School Year

**Appeal form must be submitted within ten (10) days of receiving results*

Return this form via

US Mail: Advanced Learning Dept. **OR** Email: advancedlearning@bsd405.org
 Bellevue School District
 P.O. Box 90010
 Bellevue, WA 98009

Name of Student: _____ DOB: _____

CURRENT School: _____

BSD Student ID: _____ **CURRENT** Grade Level: _____
(If known)

Program Appealing for:

- K-1 Domain-Specific Services** (Literacy & Math) [K & 1st]
- Domain-Specific Services** (Literacy, Math, or Nonverbal) [2nd - 6th]
- SCS-E** (Full-Time, Self-Contained Services - Elementary) [2nd - 5th]
- SCS-M** (Full-Time, Self-Contained Services - Middle School) [6th - 8th]
- SCS-H** (Full-Time, Self-Contained Services - High School) [9th - 12th]

Please indicate the reason for appeal and provide an explanation:

**Please note: illness will not be considered a valid reason for appeal.*

- Specific criteria related to the screening/testing conditions
- Misapplication or miscalculation of scores

Explanation (attach any information that further supports your appeal):

**Please note: BSD utilizes an equitable identification process, therefore private IQ test results will not be considered.*

If you need more space for your explanation, please attach another piece of paper.

Preferred Email

Preferred Phone Number

Alternate Email

Alternate Phone Number

Please type your complete name as your signature

Date

By typing your name above, you confirm that your name serves as your signature and verifies you are authorized to provide this information.