

GIFTED/TALENTED

Grievance Form

This form is to be used to present your concerns and/or questions about procedures concerning gifted identification, selection for talent pool, or the appropriateness and/or adequacy of services in the talent pool or services addressed in a formally-identified student service plan. This form may also be utilized to report suspected discrimination practices. (If you have any questions regarding this form, contact the Gifted Coordinator at the Carter County Board of Education Central Office.)

Completed grievance forms should be returned to school principal.

Student's name: _____

Address: _____

Homeroom: _____

Grade: _____

Gifted Area of Concern: (Please circle) **Intellectual, Specific Academic, Creativity, Leadership, Visual/Performing Arts**. In explaining your grievance, be very specific. Give full names, dates, exact location and specific occurrence(s). Use additional sheet, if necessary.

What results are you seeking from this grievance? _____

Committee's Response: _____

Date response given to grievant _____

I am satisfied with the committee response.

I am not satisfied with the committee response and wish to send it on to the District Committee.

Parent/Guardian Signature _____ Date _____