

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.*