

**Gifted and Talented Full Day Program Parent Appeal Narrative**

Student Name \_\_\_\_\_ Current School \_\_\_\_\_

Parent/Guardian Completing Form \_\_\_\_\_

Circle Grade Applying For: 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> Date \_\_\_\_\_

Salt Lake City School District has designed and implemented a Gifted and Talented Full Day Program to meet the academic needs of identified gifted students. Gifted students have a high level of ability when compared with others of the same age, experience, and environment, and require specialized services beyond general classroom instruction to meet their academic and affective needs. *(Use the back side if you need more room).*

1. **Why do you believe your child needs a gifted education program?**
  
  
  
  
  
  
  
  
  
  
2. **Give an example of a time when your child demonstrated creative/abstract thinking or problem solving, and/or tackled a difficult issue.**
  
  
  
  
  
  
  
  
  
  
3. **Give an example of a time when your child demonstrated a deep understanding of complex and challenging concepts, and/or asked complex questions.**
  
  
  
  
  
  
  
  
  
  
4. **Please submit any additional information you would like us to evaluate as we consider your appeal, such as teacher recommendations, results from other forms of testing, evaluations, etc.**

☐ ***By checking this box, I verify that I am the parent/guardian of this child.***

**THIS FORM IS DUE TO ELP OFFICE BY FRIDAY, APRIL 22, 2022.** FAX TO 801-578-8266, or EMAIL TO [maggie.nickerson@slcschools.org](mailto:maggie.nickerson@slcschools.org), or MAIL TO Extending Learning Programs, SLCSO, 440 E 100 South, Room 210, SLC, UT 84111.