



Connecting-Engaging-Growing

Elwood Community School Corporation

1306 N. Anderson St.
Elwood, IN 46036
Phone: (765) 552-9861
Fax: (765) 552-8088

Dr. Troy Friedersdorf
Superintendent

Mrs. Amanda Brophy
Director of Learning

Linda Jones
Director of Business

Elwood Community Schools High Ability Appeal Form

Date _____

Appeal is requested by: _____

Relationship to student: _____

Appeal is requested on behalf of:

Student: _____

Grade: _____ Classroom Teacher: _____

This is an appeal to further assess the above student in the area(s) of:

____ Math ____ Language Arts ____ Both

I believe the named student is performing, or shows the potential to perform at, an outstanding level of accomplishment when compared to other students of the same age, experience, or environment. I believe individual academic growth cannot be met through grade level curriculum.

Reasons presented for high ability placement consideration:

Signed _____