

**North Wasco County
School District 21**

Code: **IGBBC-AR**
Adopted: 9/27/07

Complaints Regarding Talented and Gifted Program

Since differences of opinion may arise regarding the appropriateness of programs and services provided for identified talented and gifted (TAG) students, the following procedure will be utilized when complaints arise:

Informal Process

1. The parents will contact the teacher to request reconsideration;
2. The teacher will confer with the parents and may include any additional appropriate persons, e.g. principal, counselor, etc. At this time, information pertinent to the selection or placement will be shared;
3. If an agreement cannot be reached, the parents may initiate the Formal Process.

Formal Process

1. All complaint will be reported to the superintendent;
2. The complainant will be given the Talented and Gifted Standards Complaint Form which must be filled out before further consideration can be given to the complaint;
3. The superintendent shall arrange for a review committee consisting of the TAG coordinator/teacher, the program supervisor, a counselor and a school psychologist;
4. The review committee shall meet within two working days of receiving the written complaint and review all pertinent information. A recommendation will be submitted to the superintendent within 10 working days of receiving the original complaint;
5. The committee may recommend that:
 - a. The programs or services are appropriate;
 - b. The programs or services are not appropriate.
6. The superintendent shall report at the next regularly scheduled board meeting the recommendations of the review committee to the Board;
7. The decision of the Board shall be final;

8. If the complainant remains dissatisfied, and has exhausted local procedures, or 45 or more days have elapsed since the original filing of a written complaint alleging violation of standards with the district, an appeal to the State Superintendent of Public Instruction can be filed. The district shall provide a copy of the appropriate Oregon Administrative Rule upon request.

TALENTED AND GIFTED STANDARDS COMPLAINT FORM

NAME _____

ADDRESS _____

PHONE (Daytime) _____ (Evenings) _____

DATE OF COMPLAINT _____

1. What is the nature of your complaint? _____

2. What is the district currently doing? _____

3. In your opinion, in what way is this situation a violation of state standards?

4. What do you feel the district should be doing? _____

5. Other pertinent comments _____

Signature: _____