



**CANYONS**  
School District  
*"Celebrating the Highest  
Standards of Educational Excellence"*

**CANYONS SCHOOL DISTRICT  
Office of Student Support Services**

**SALTA APPEALS FORM – Due *Monday, January 25, 2021***

*The written appeal process takes 4-6 weeks from the date the appeal is received by the SALTA Appeals Committee.* This form is to be used when appealing decisions made regarding SALTA placement. This form **MUST** be filled out in **entirety** and delivered in person to the CSD Office at **9361 S. 300 E., Sandy, Utah, 84070.**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Age of Student: \_\_\_\_\_

Current Teacher: \_\_\_\_\_ Current School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home/Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**NOTE:** In order to collect the best data regarding your child's ability to qualify for SALTA placement, we offer the UNIT (Universal Non Verbal Intelligence Test) for children who are either non-native English speakers, or children who are native English speakers but whose primary home language is not English. Please indicate below your child's first language as well as the languages spoken in your home. As indicated above, your answer here will not disqualify your child from SALTA placement. Your answers will provide us with the ability to administer the test that will give us the best data for qualification purposes.

**Is English your child's 1st Language?:** \_\_\_\_\_

**Child's 1st language:** \_\_\_\_\_ **Language(s) spoken in home:** \_\_\_\_\_

**Reason for SALTA Appeal:** (Please write in narrative form. Attach additional pages, if necessary).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there additional evidence being presented? \_\_\_\_\_ NO \_\_\_\_\_ YES  
(If **YES**, please **describe the relevance**. Attach additional pages and documentation, such as other cognitive and academic testing comparable to CogAT 7, if available).

**(NOTE: We cannot consider letters from your child's principal or teacher.)**

\_\_\_\_\_  
**Parent/Legal Guardian Signature**

\_\_\_\_\_  
**Parent/Legal Guardian Signature**

If you have questions or concerns, please call the  
Instructional Supports Department at **801-826-5044**.