

APPR Appeal Form for APPR Composite or Transition Score*

School Year of Score being appealed _____

Name (Please print) _____

Date _____

Tenure Area _____

Work Location previous school year _____

Name of Lead Evaluator (Administrator Supervisor) previous school year _____

Job Title of Lead Evaluator _____

Name of Independent Evaluator / PART Reviewers (if applicable) previous school year _____

Please attach a copy of the APPR Composite Score/Transition Score Email Message to this form.
This is required to process your appeal.

<p>Select One:</p> <p>*A teacher may appeal the Composite score if it is the only score received. If a teacher in Grades 3-8 teaching ELA or Math received both a Composite and Transition score, only the Transition score may be appealed.</p>	
<p><input type="checkbox"/> APPR Composite Score Rating: Highly Effective (H), Effective (E), Developing (D), Ineffective (I)</p> <p>Observation (Final Evaluation/Professional Practice) Rating: _____</p> <p>Student Performance Rating: _____</p> <p>APPR Composite Rating: _____</p>	<p><input type="checkbox"/> APPR Transition Score Rating (for Grade 3-8, ELA and Math Teachers): _____</p>

<p>Type of Appeal (Select only one):</p> <p><input type="checkbox"/> Rating of Ineffective <input type="checkbox"/> Rating of Developing</p> <p><input type="checkbox"/> Teacher Improvement Plan (TIP) OR Development Plan</p>	
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<p>Contested APPR Score (Check all that apply):</p> <p><input type="checkbox"/> Observation Rating Score (Final Evaluation/Professional Practice)</p> <p><input type="checkbox"/> Student Performance Rating</p> <p><input type="checkbox"/> Both Observation and Student Performance Ratings</p>
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<p>Provide specific reason(s) for appealing your APPR score.</p>					
<input type="checkbox"/> Assessment Quality	<input type="checkbox"/> Testing Conditions	<input type="checkbox"/> Observation/Evaluation Irregularities	<input type="checkbox"/> SLO Irregularities	<input type="checkbox"/> Data Dispute	<input type="checkbox"/> Other
<p>Additional details to support your appeal:</p> <p style="text-align: center;">[Additional pages may be added.]</p>					

List documents submitted as evidence. Please attach these documents to this form.

Please return the completed form to the CIT Office no later than _____. Thank you.

For Appeals Team Use only:

Outcome:	<input type="checkbox"/> Affirm assigned rating	<input type="checkbox"/> Modify assigned rating	<input type="checkbox"/> Reject assigned rating
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Appeals Team signature

Appeals Team signature

Date reviewed: _____

Additional documentation received? Yes No

Outcome on _____ (date)

Forwarded to Third Party jointly selected by Superintendent, RTA President on _____ (date)

Final outcome: _____

Third Party signature

Date