

APPEALS PROCESS

Teachers who are rated Developing or Ineffective may appeal their rating. The requirement to have a TIP or Development Plan may also be appealed.

Written appeals must be filed no later than 15 days from the receipt of the APPR Composite or Transition rating (form on following page).

The teacher must enumerate the reason for appealing the rating/TIP by completing the APPR Appeals Form (following page). All documents and relevant information must be included with the appeal. Specifics as to the areas under dispute must be contained within the Appeal. These items create the record of the Appeal.

The Superintendent and RTA President will form an Appeals Team that will hear the appeal. The Team is comprised of one administrator and one teacher from the CIT Joint Governing Panel. More than one team may operate at any given time.

The Team may affirm, modify, or reject the rating/TIP. The Team will issue a response no more than 30 business days after receipt of the Appeal.

The Team can conduct interviews of the teacher and/or administrator. An RTA Representative may attend a teacher's interview. A teacher has the right to decline the interview.

If the Appeals Team is deadlocked, the Appeal is forwarded to a neutral third party, jointly selected by the Superintendent and the RTA President. The decision from this process is due no more than 60 days from the receipt of the appeal.

If the teacher demonstrates extenuating circumstances for being unavailable during the 15 day window for filing an appeal, the number of days will be extended by the number of days of unavailability.

The determination is final and binding. It cannot be grieved unless the process has not been followed.

The RTA has the right to file a class action grievance to challenge the District's compliance with this process.

APPR Appeal Form for APPR Composite or Transition Score*

School Year of Score being appealed _____

SECTION I: Teacher Information

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 _____	

SECTION II: Rating Being Challenged **Select One:**

***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.**

<input type="checkbox"/> APPR Composite Score Rating <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Number</th> <th colspan="4" style="text-align: center; border-bottom: 1px solid black;">Rating** (check one)</th> </tr> <tr> <th style="border-bottom: 1px solid black;"></th> <th style="text-align: center; border-bottom: 1px solid black;">H</th> <th style="text-align: center; border-bottom: 1px solid black;">E</th> <th style="text-align: center; border-bottom: 1px solid black;">D</th> <th style="text-align: center; border-bottom: 1px solid black;">I</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Observation (Final Evaluation) Score: _____</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Student Performance Score: _____</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">APPR Composite Rating**:</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> H</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> E</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> D</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/> I</td> </tr> </tbody> </table>	Number	Rating** (check one)					H	E	D	I	Observation (Final Evaluation) Score: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Student Performance Score: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	APPR Composite Rating**:	<input type="checkbox"/> H	<input type="checkbox"/> E	<input type="checkbox"/> D	<input type="checkbox"/> I	<input type="checkbox"/> APPR Transition Rating (for Grade 3-8, ELA and Math Teachers): _____
Number	Rating** (check one)																									
	H	E	D	I																						
Observation (Final Evaluation) Score: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
Student Performance Score: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
APPR Composite Rating**:	<input type="checkbox"/> H	<input type="checkbox"/> E	<input type="checkbox"/> D	<input type="checkbox"/> I																						
Type of Appeal (Select only one): <input type="checkbox"/> Rating of Ineffective <input type="checkbox"/> Rating of Developing <input type="checkbox"/> Teacher Improvement Plan (TIP) OR Development Plan	Contested APPR Component Rating (Check all that apply): <input type="checkbox"/> Observation Rating (Final Evaluation) <input type="checkbox"/> Student Performance Rating <input type="checkbox"/> Both Observation and Student Performance Ratings																									
**Highly Effective (H), Effective (E), Developing (D), Ineffective (I)																										

SECTION III: Reasons for Appeal

<input type="checkbox"/> Assessment Quality	<input type="checkbox"/> Testing Conditions	<input type="checkbox"/> Observation/Evaluation Irregularities	<input type="checkbox"/> Student Performance Measure Dispute	<input type="checkbox"/> Data Dispute	<input type="checkbox"/> Other
---	---	--	--	---------------------------------------	--------------------------------

Provide specific reason(s) for appealing your APPR score.

[Additional pages may be added.]

SECTION IV: Evidence for Appeal

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

- 1.
 - 2.
 - 3.
 - 4.
- (more as needed)

Please submit the completed form to the CIT Office. Thank you.

SECTION V: Outcome

To be Completed by Appeals Team ONLY

Outcome:	<input type="checkbox"/> Affirm Rating	<input type="checkbox"/> Modify Rating	<input type="checkbox"/> Reject Rating
-----------------	---	---	---

_____ 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:	<input type="checkbox"/> Affirm Rating	<input type="checkbox"/> Modify Rating	<input type="checkbox"/> Reject Rating
-----------------------	---	---	---

_____ Third Party signature

_____ Date