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 so	hool year Job Title of Lead Evaluator					
Name of Independent Evaluator / PART Reviewers (if applicable) previous school year						
SECTION II: Rating Being Challenged *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.						
APPR Composite Score Rating Number Rating**	☐ APPR Transition Rating					
Type of Appeal (Select only one):	Contested APPR Component Rating (Check all that apply):					
☐ Rating of Ineffective ☐ Rating of Developing ☐ Teacher Improvement Plan (TIP) OR Development Plan	☐ Observation Rating (Final Evaluation) ☐ Student Performance Rating					
**Highly Effective (H), Effective (E), Developing (D), Ineffective (I)						
SECTION III: Reasons for Appeal						
□ Assessment Quality □ Testing □ Observation/Evaluation Irregularities	Student Performance					
Provide specific reason(s) for appealing your APPR score.						
[Additional pages may be added.]						

OVER -

CIT Teacher Evaluation Guide

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 to the Department of Human Resources (HR) on the first floor of Central Office or the Career In Teaching (CIT)

Department on the second floor of Central Office.

SECTION V: Outcome To be Completed by Appeals Team ONLY					
	Outcome:	☐ Affirm Rating	☐ Modify Rating	☐ Reject Rating	
Appeals Team signature		Appeals Tea	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 C	UTCOME:	☐ Affirm Rating	☐ Modify Rating	☐ Reject Rating	
Third Party signature		Date			

CIT Teacher Evaluation Guide page 80