APPR Appeals Form				
Name (Please print)	Date			
2013-2014 Work Location	Tenure Area			
Name of 2013-2014 Lead Evaluator (Supervising Administrator)	Job Title of Lead Evaluator			
Name of 2013-2014 Peer Reviewer (if applicable)	Peer Reviewer Work Location			
Please attach a copy of the APPR Composite Score Letter to this form. This is required to process your appeal.				
•	w (Evaluation) Score: out of 60 points omparable Measures: out of 20 points Local Measures: out of 20 points			
Type of Appeal (Select only one): Rating of Ineffective Rating of Developing Affects TIF Incentive Teacher Improvement Plan (TIP) Contested APPR Score (Check all that Professional Practice Review (Evaluation) Score Growth on State Assessments Local Measures				
Provide specific reason(s) for appealing your APPR score.				
□ Assessment □ Testing □ Professional Practice Review Irregularities	□ SLO □ Data Entry □ Other			
Additional details to support your appeal:				
[Additional pages may be added.]				



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:				
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Outcome:	☐ Affirm assigned rating	☐ Modify assigned rating	☐ Reject assigned rating	
Appeals Team		Appeals Team		
Date received:		-		
Assigned to:	<u> </u>			
Interviews condu	cted on	(date) of	and	
	on	(date) of		
Additional documentation received?				
Outcome on(date)				
☐ Forwarded to Superintendent, RTA President and 3 rd Party on(date)				

Final outcome: