APPR Appeal Form for APPR Composite or Transition Score*

School Year of S	core Being app	ealed						
Name (Please print)				Date	Date			
Tenure Area				Work Location	Work Location previous school year			
Name of Lead Evaluator (Administrator Supervisor) previous s				Job Title of L	Job Title of Lead Evaluator			
Name of Independer	nt Evaluator / PART	 Reviewers (if applicable	e) previou	us school year				
Please attach		PR Composite Score			Message to th	is form.		
	•	Select Ones see score if it is the only soosite and Transition sc	score rec			_		
Highly Effe		☐ APPR Transition Score Rating Grade 3-8, ELA and Math Teachers):						
Observation (Final Evaluation/Professional Practice) Rating:								
Student Performance Rating:								
	API	PR Composite Rating:						
Type of Appeal (Se	lect only one):		Conte	sted APPR Score (C	heck all that	apply):		
☐ Rating of Ineffective ☐ Rating of Developing				☐ Observation Rating Score (Final Evaluation/Professional Practice)				
☐ Teacher Improvement Plan (TIP) OR Development Plan ☐ Student Performance Rating								
☐ Both Observation and Student Performance Ratings						gs		
Provide specific	eason(s) for app	ealing your APPR so	ore.					
Assessment Quality	☐ Testing Conditions	Observation/Evalue Irregularities		□ SLO Irregularities	□ Data Dispute	☐ Oth	ner	
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:								
Outcome:	☐ Modify assigned rating	☐ Reject assigned 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:								
3 rd Party signature	 Date							