# 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.** | | | | | | | | | | |
| **APPR Composite Score Rating** | | **Number** | | **Rating\*\* (check one)** | | | | | | **APPR Transition Rating \_\_\_\_** |
| Observation (Final Evaluation) Score: | | **\_\_\_** | | H | E | | D | | I |
| Student Performance Score: | | **\_\_\_** | | H | E | | D | | I |
| **APPR Composite Rating\*\*:** | | **H** | **E** | | | **D** | | **I** | |
| **Type of Appeal (Select only one):** | | | | | | | | | | **Contested APPR Component Rating  (Check all that apply):** |
| Rating of Ineffective | Rating of Developing | | | | | | | | | Observation Rating (Final Evaluation) |
| Teacher Improvement Plan (TIP) OR Development Plan | | | | | | | | | | Student Performance Rating |
| **\*\*Highly Effective (H), Effective (E), Developing (D), Ineffective (I)** | | | | | | | | | | Both Observation and Student Performance Ratings |

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| SECTION III: Reasons for Appeal | | | | | | | | | | | |
|  | Assessment Quality |  | Testing Conditions |  | Observation/Evaluation Irregularities |  | Student Performance  Measure Dispute |  | Data Dispute |  | Other |
| **Provide specific reason(s) for appealing your APPR score.** | | | | | | | | | | | |
| [Additional pages may be added.] | | | | | | | | | | | |
| **OVER** | | | | | | | | | | | |
| 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.**

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| SECTION V: Outcome  **To be Completed by Appeals Team ONLY** | | | | | |
|  | | | | | |
|  | **Outcome:** | **Affirm Rating** | **Modify Rating** | **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:** | **Affirm Rating** | **Modify Rating** | **Reject Rating** |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Third Party signature Date | | | | | |