

Appeal Form

Educator's Name:

Evaluator's Name:

Date of Conference(s):

NOTE: Before an Appeal is requested, educators **MUST** make an attempt to come to consensus with their Evaluator during a conference. Please complete the Appeal Form below and attach a summary of the discussion points from the conference with evaluator.

Appeal Process:

	APPEALS COMMITTEE USE ONLY:
<p>1. Contact the Superintendent in writing indicating the request to begin the Appeal process (within 5 school days of summative conference). Submit this Appeal Form to the Superintendent. Include any of the forms below that may apply.</p> <ul style="list-style-type: none"> - Written letter explaining the reason(s) for the appeal (required) - Year End Scoring Forms * - Professional Practice Scoring Form* - Professional Foundations Scoring Form* - Student Learning Results and Scoring Form* - Any additional evidence that applies (i.e. student work, lesson plans, etc.) <p>* The above forms can be accessed and printed from EPSS.</p>	<p>Received on:</p> <p><input type="checkbox"/> Complete <input type="checkbox"/> Incomplete</p>
2. The Superintendent will acknowledge the request to Appeal.	Sent on:
3. The Appeals Committee will review the evidence, within 10 school days.	Reviewed on:
4. Ratings in question will be adjusted if warranted.	Final Rating: Adjusted? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Results of the appeal will be communicated in writing to both the educator and evaluator within five (5) school days of the appeal review.	Sent:

REASON(S) FOR APPEAL: ___ FINAL EFFECTIVENESS RATING ___ PROFESSIONAL PRACTICE ___ PROFESSIONAL FOUNDATIONS ___ SLO/SOO ATTAINMENT

By signing below, you are verifying that you:

- made an attempt to come to consensus with your evaluator,
- give the Appeals Committee permission to review your Evaluation Evidence,
- understand that your rating will be adjusted if warranted by the Appeals Committee,
- understand that your entire evaluation may be re-examined

Educator's Signature (when submitted)_____

Date: _____