

Request for Appeal of PPGR/SLO Rating

Educator's Name:

Date of Request:

Evaluator's Name:

Evaluation Contact:

APPEAL PROCESS:

NOTE: This Appeal may be requested at any point during the evaluation process. However, before an Appeal is requested, the Educator MUST make an attempt to reach consensus with the Evaluator during a conference, or at any time during the process. Also note that the request for Appeal does not revoke the Educator's right to file a grievance.

STEPS:	DEC USE ONLY:
1. The Educator contacts the Executive Director of Performance Management/i3 Coordinator via email or certified mail with a request to begin the Appeal process 5 days after mediation has been attempted.	Received on:
2. Executive Director of Performance Management/i3 Coordinator emails an acknowledgement of request to Appeal.	Sent on:
3. The Educator submits to Executive Director of Performance Management/i3 Coordinator, within 5 business days of receiving an acknowledgement (see #2), the following: <ul style="list-style-type: none"> ▪ Copy of the most recent Evidence Collection Template (emailed) ▪ Copy of the most recent PGR Template (emailed) ▪ This completed, signed "Request for Appeal Form" 	Received on: <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete
4. Executive Director of Performance Management/i3 Coordinator emails a response about the acceptance or denial of the Appeal to proceed. <ul style="list-style-type: none"> ▪ For example, an Appeal would be denied if the Appeal Process has not been followed, evidence submitted is insufficient or the request could not possibly result in an improvement of the Final Rating. 	<input type="checkbox"/> Accepted, Appeal will proceed. <input type="checkbox"/> Denied, Appeal will not proceed. Email sent on:
5. Executive Director of Performance Management/i3 Coordinator contacts the Evaluator (and building principal if he/she is not the Evaluator) to determine whether or not s/he are willing to adjust the ratings identified in the Appeal. <ul style="list-style-type: none"> ▪ If the Evaluator agrees to adjust the ratings, the Appeal will be discontinued ▪ If the Evaluator does not agree to adjust the ratings, the Appeal will continue 	Contacted on: Response: <input type="checkbox"/> Evaluator will adjust. <input type="checkbox"/> Evaluator will not adjust.
6. Two (2) certified Evaluators, including at least one Educator and one administrator, review the evidence.	Reviewed on: By:
7. Ratings in question are adjusted, either up or down, if deemed warranted.	Final Rating: Adjusted? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. The Executive Director of Performance Management/i3 Coordinator communicates the results of the appeal to both the Educator and Evaluator within fifteen (15) business days of the Appeal acceptance to proceed (see #4).	Sent:

REASON FOR APPEAL: ___ PPGR ___ SLO

PPGR: Element being appealed (Include the Standard, Component & Element, such as: "2.4b Responding to Student Misbehavior" OR SLO: Give title of SLO	Evaluator's Rating PPGR: Ineffective, Developing, Effective, or Highly Effective OR SLO: Not met, Nearly met, Met or Exceeded)	Educator's Self-Rating PPGR: Ineffective, Developing, Effective, or Highly Effective OR SLO: Not met, Nearly met, Met or Exceeded)	Narrative: Detail the evidence that supports the self-rating, using language from the rubric (for PPGR ratings) and objective evidence.
TYPE HERE	TYPE HERE	TYPE HERE	TYPE HERE

***Insert additional rows if there is more than one element being appealed**

By signing below, you are verifying that you:

- have made an attempt to come to consensus with your evaluator
- have given the Teacher Evaluation Committee (TEC) permission to review your Evaluation Evidence and share it with two (2) certified evaluators, including at least one educator and one administrator
- understand that your rating will be adjusted, either up or down, if deemed warranted by the TEC-designated reviewers
- understand that your entire evaluation may be re-examined and the overall effectiveness rating may be adjusted, either up or down.

 Educator's Signature (when submitted)

 Date

 Executive Director of Performance Management /i3 Coordinator (upon completion)

 Date