

**New Jersey Department of Education
Office of Title I Program Planning and Accountability**

2005 Preliminary AYP Appeal Form

Complete this form if you believe the school's AYP determination is incorrect. The form must be submitted within 30 days of the date on the notification letter, no later than **August 30, 2005**, along with the following documentation:

- A detailed explanation of why you believe the AYP determination is incorrect.
- Documentation to support your reasons for appeal.

Send appeal form and back-up documentation to the following address:

New Jersey Department of Education
Office of Title I Program Planning and Accountability
100 River View Plaza
P.O. Box 500
Trenton, NJ 08625-0500

Submit a separate appeal form and supporting documentation for each school whose AYP you are appealing. **Note:** Coding errors not corrected during the record change process may not be considered as a basis for appeal.

District Name and Code: _____

County Name and Code: _____

School Name and Code: _____

Contact Name: _____ Phone Number: _____

Address: _____

Check all categories that apply to your appeal:

1) Assessment: _____ NJ ASK 3 _____ NJ ASK 4 _____ GEPA _____ HSPA

2) School in Need of Improvement Status

3) Coding on Assessment Booklets:

_____ Coding of subgroups _____ Time in school less than one year

_____ Other (explain) _____

4) Participation Rates

5) Performance:

_____ Language arts literacy

_____ Mathematics

6) Subgroups:

_____ Total population

_____ White

_____ American Indian/
Native American

_____ Students with disabilities

_____ African-American

_____ Limited English proficient

_____ Asian/Pacific Islander

_____ Hispanic

_____ Economically disadvantaged

_____ Hispanic

_____ Other