

# *Every Student Succeeds Act* *(ESSA)*

# 2017 Accountability Results Appeal Form

Complete this form if you believe the New Jersey Department of Education did not accurately calculate your district’s and/or school’s accountability determination for ***ESSA* indicators**. The form must be submitted within 15 calendar days of the date on the notification letteralong with the following documentation:

* A detailed explanation of why you believe the determination is not accurately calculated along with a copy of the profile(s) being appealed.
* Documentation to support your appeal. **Coding errors submitted by the district will not be considered.**

**Send appeal form and back-up documentation to the Office of Supplemental Educational Program at:**

titleone@doe.state.nj.us

Submit a separate appeal form and supporting documentation for each school.

**Complete the following information:**

District Name: District Code:

County Name: County Code:

School Name: School Code:

Contact Name: Phone Number:

**Check all subgroups that apply to your appeal:**

□ Total population/schoolwide subgroup

□ Students with disabilities

□ Limited English proficient

□ Economically disadvantaged

□ White

□ African-American

□ Asian/Pacific Islander

□ Hispanic

□ American Indian/Native American

□ Two or more races

Chief School Administrator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_