



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 letter along 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: _____