

# Every Student Succeeds Act (*ESSA*)

# 2018 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 Fiscal and Date Services at:**

titleone@doe.nj.gov

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

□ English Language Learners

□ Economically disadvantaged

□ White

□ African-American

□ Asian/Pacific Islander

□ Hispanic

□ American Indian/Native American

□ Two or more races

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