

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 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.

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	
\square 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: