New Jersey Department of Education

Office of Supplemental Educational Programs

**Elementary and Secondary Education Act (*ESEA*)**

**2016 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 **participation rate** and/or **performance**. 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. **Student record coding errors not corrected by the district during the record change process will NOT be considered.**

**Send appeal form and back-up documenta**tion to the following address:

New Jersey Department of Education

Office of Supplemental Educational Programs

100 River View Plaza

P.O. Box 500

Trenton, NJ 08625-0500

Submit questions to: 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 the calculation of data you wish to appeal:**

□ Participation Rate □ Performance

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| □ | Total population/schoolwide subgroup |  | □ | Economically disadvantaged |  | □ | Hispanic |
|  | □ | White |  | □ | American Indian/  Native American |
| □ | Students with disabilities |  | □ | African-American |  |
| □ | Limited English proficient |  | □ | Asian/Pacific Islander |  | □ | Two or more races |

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