

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 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. **Student record coding errors not corrected by the district during the record change process will NOT be considered.**

Send appeal form and back-up documentation 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](mailto:titleone@doe.state.nj.us)

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

**Complete the following information:**

<b>District Name:</b>		<b>District Code:</b>	
<b>County Name:</b>		<b>County Code:</b>	
<b>School Name:</b>		<b>School Code:</b>	
<b>Contact Name:</b>		<b>Phone Number:</b>	

**Check the calculation of data you wish to appeal:**

Participation Rate

Performance

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

<input type="checkbox"/> Total population/schoolwide subgroup
<input type="checkbox"/> Students with disabilities
<input type="checkbox"/> Limited English proficient

<input type="checkbox"/> Economically disadvantaged
<input type="checkbox"/> White
<input type="checkbox"/> African-American
<input type="checkbox"/> Asian/Pacific Islander

<input type="checkbox"/> Hispanic
<input type="checkbox"/> American Indian/ Native American
<input type="checkbox"/> Two or more races

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