**Request for Appeal of PPGR/SLO Rating**

**Educator’s Name: Date of Request:**

Type here

Type here

mcalabro@proteun.org

;

Type here

**Evaluator’s Name: Evaluation Contact:**

**Appeal Process:**

**NOTE:** **This Appeal may be requested at any point during the evaluation process.** **However, before an Appeal is requested, the Educator MUST make an attempt to reach consensus with the Evaluator during a conference, or at any time during the process. Also note that the request for Appeal does not revoke the Educator’s right to file a grievance**.

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| **STEPS:** | **DEC USE ONLY:** |
| 1. The Educator contacts the Executive Director of Performance Management/i3 Coordinator via email **or** certified mail with a request to begin the Appeal process 5 days after mediation has been attempted.
 | Received on: |
| 1. Executive Director of Performance Management/i3 Coordinator emails an acknowledgement of request to Appeal.
 | Sent on: |
| 1. The Educator submits to Executive Director of Performance Management/i3 Coordinator, within 5 business days of receiving an acknowledgement (see #2), the following:
	* Copy of the most recent Evidence Collection Template (emailed)
	* Copy of the most recent PGR Template (emailed)
	* This completed, signed “Request for Appeal Form”
 | Received on:□ Complete□ Incomplete |
| 1. Executive Director of Performance Management/i3 Coordinator emails a response about the acceptance or denial of the Appeal to proceed.
	* For example, an Appeal would be denied if the Appeal Process has not been followed, evidence submitted is insufficient or the request could not possibly result in an improvement of the Final Rating.
 | □ Accepted, Appeal will proceed.□ Denied, Appeal will not proceed.Email sent on: |
| 1. Executive Director of Performance Management/i3 Coordinator contacts the Evaluator (and building principal if he/she is not the Evaluator) to determine whether or not s/he are willing to adjust the ratings identified in the Appeal.
	* If the Evaluator agrees to adjust the ratings, the Appeal will be discontinued
	* If the Evaluator does not agree to adjust the ratings, the Appeal will continue
 | Contacted on:Response:□ Evaluator will adjust.□ Evaluator will not adjust. |
| 1. Two (2) certified Evaluators, including at least one Educator and one administrator, review the evidence.
 | Reviewed on: By: |
| 1. Ratings in question are adjusted, either up or down, if deemed warranted.
 | Final Rating:Adjusted? □ Yes □ No |
| 1. The Executive Director of Performance Management/i3 Coordinator communicates the results of the appeal to both the Educator and Evaluator within fifteen (15) business days of the Appeal acceptance to proceed (see #4).
 | Sent: |

**Reason for Appeal:** \_\_\_ PPGR \_\_\_ SLO

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| --- | --- | --- | --- |
| **PPGR: Element being appealed**(Include the Standard, Component & Element, such as: “*2.4b Responding to Student Misbehavior”**OR***SLO:** Give title of SLO | **Evaluator’s** **Rating****PPGR:** Ineffective, Developing, Effective, or Highly Effective*OR***SLO:** Not met, Nearly met, Met or Exceeded) | **Educator’s** **Self-Rating****PPGR:** Ineffective, Developing, Effective, or Highly Effective*OR***SLO:** Not met, Nearly met, Met or Exceeded) | **Narrative:** Detail the evidence that supports the self-rating, using language from the rubric (for PPGR ratings) and objective evidence. |
| **TYPE HERE** | **TYPE HERE** | **TYPE HERE** | **TYPE HERE** |

 **\*Insert additional rows if there is more than one element being appealed**

**By signing below, you are verifying that you:**

* **have made an attempt to come to consensus with your evaluator**
* **have given the Teacher Evaluation Committee (TEC) permission to review your Evaluation Evidence and share it with two (2) certified evaluators, including at least one educator and one administrator**
* **understand that your rating will be adjusted, either up or down, if deemed warranted by the TEC-designated reviewers**
* **understand that your entire evaluation may be re-examined and the overall effectiveness rating may be adjusted, either up or down.**

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**Educator’s Signature (when submitted) Date**

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**Executive Director of Performance Management /i3 Coordinator (upon completion) Date**