

2007 Preliminary AYP Appeal Form

Complete this form if you believe the school's AYP determination is incorrect. The form must be submitted within 30 days of the date on the notification letter, no later than **August 20, 2007**, along with the following documentation:

- A detailed explanation of why you believe the AYP determination is incorrect.
- Documentation to support your reasons for appeal.

Send appeal form and back-up documentation to the following address:

New Jersey Department of Education
Office of Title I Program Planning and Accountability
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's AYP results you are appealing.

Note: Student record coding errors not corrected during the record change process will NOT be considered as a basis for appeal.

District Name: _____ District Code: _____

County Name: _____ County Code: _____

School Name: _____ School Code: _____

Contact Name: _____ Phone Number: _____

Address: _____

I. Appeals Not Based on the Alternate Proficiency Assessment (APA): Check all categories that apply to your appeal. (Student record coding errors not corrected by the district during the record change process will NOT be considered.)

1) **Grade Span:** ___ Elementary ___ Middle School ___ High School

2) **School in Need of Improvement Status**

3) **Participation Rates**

4) **Performance:** ___ Language arts literacy ___ Mathematics

5) **Subgroups:**

___ Total population ___ White ___ American Indian/
Native American

___ Students with disabilities ___ African-American

___ Limited English proficient ___ Asian/Pacific Islander ___ Other

___ Economically disadvantaged ___ Hispanic

