New Jersey Department of Education
Office of Title I

2011 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 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
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: _____

_____

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) School in Need of Improvement Status**
- ❑ **2) Participation Rates**
- ❑ **3) Performance:** ___ Language arts literacy ___ Mathematics
- ❑ **4) Subgroups:**

___ Total population
___ Students with disabilities
___ Limited English proficient
___ Economically disadvantaged
___ White
___ African-American
___ Asian/Pacific Islander
___ Hispanic
___ American Indian/ Native American
___ Other