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 Student Achievement 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:   ___________________________________________________________________________
____________________________________________________________________________

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

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