**Cortland Enlarged City School District**

**Appeal Form**

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| --- | --- |
| **Teacher’s Name**: |  |
|  |  |
| **Evaluator’s Name**: |  |

All supporting documentation for appeal shall be attached to this form at the time it is submitted to the District. Any information not submitted attached to the appeal may not be considered at a future time. **An appeal must be filed by registered mail (return receipt) within fifteen (15) calendar days of receiving notification (signing receipt) of an Ineffective Rating or issuance of TIP.**

 **Form of Appeal**: (Please check one.)

* Overall Composite Rating of “Ineffective” 🞎 TIP (Developing or Ineffective Rating)

 **Date Ineffective Rating received: \_\_\_\_\_\_\_\_ Date TIP issued: \_\_\_\_\_\_\_\_**

**Basis of the Appeal**: (Please check one.)

* The District’s adherence to the standards and methodologies required for such reviews; pursuant to Education Law §3012-d.
* The District’s issuance and/or implementation of the terms of the teacher improvement plan under Education Law §3012-d.

**Date appeal with supporting documentation submitted to the District**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Evaluator’s written response with all supporting documentation relevant to appeal must be filed within 15 calendar days of receipt of appeal.*

**Date of Evaluator’s Response**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Level I***: The teacher may request an Appeal Meeting with Principal within 10 calendar days.*

* **Yes, I request an Appeal Meeting. 🞎 No, I waive my right to an Appeal Meeting**.

**Date Appeal Meeting Requested**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*A written decision on the merits of the appeal shall be rendered no later than 10 calendar days from receipt of the teacher’s appeal.*

* **Appeal Sustained** 🞎 **Appeal Not Sustained Date Response Issued**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Level II**: The teacher may request an Appeal Meeting with Superintendent within five calendar days of receipt of Principal’s Response.

* **Yes, I request an Appeal Meeting**. 🞎 **No, I waive my right to an Appeal Meeting**.

**Date Level II Appeal Meeting Requested**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Superintendent Response Issued**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(within 10 calendar days of request)*

**Level III:** Request for Mediator Recommendation within five calendar days of receipt of Superintendent’s Response.

🞎 **Yes, I request Mediation** 🞎 **No, I am not requesting Mediation**

**Mediation Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Mediator’s Recommendation**: |
|  |
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|  |
|  |

**Date Recommendation Received**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Level IV:** Superintendent’s final and binding decision shall be rendered in writing within ten (10) calendar days of receipt of Mediator’s recommendation.