



ARKANSAS DEPARTMENT OF EDUCATION

2008-2009 Adequate Yearly Progress Appeal Form

PLEASE TYPE

NOTE: Use a Separate Form for Each School's Appeal

Date _____

District _____ District LEA # _____

Superintendent _____

School _____ School LEA # _____

Principal _____

Contact person for additional information/questions: _____

Phone # _____ Email _____

This school appeal form should be submitted with the district superintendent certification and filed with any other school appeals from the district.

Academic Assessment Data Percent Proficient and Advanced

Place an "X" in areas to be considered under appeal

	Reading	Mathematics
Total Group		
Economically Disadvantaged		
Student with Disabilities		
Limited English Proficient		
African American		
Caucasian		
Hispanic		

Provide justification for appeal: (type below)



Percent Assessed (95% Standard)

Place an "X" in areas to be considered under appeal

	Reading	Mathematics
Total Group		
Economically Disadvantaged		
Student with Disabilities		
Limited English Proficient		
African American		
Caucasian		
Hispanic		

Provide justification for this appeal: (type below)

Secondary Indicator (Attendance: K-5/6-8; Graduation Rate: 9-12)

	Reading	Mathematics
Total Group		
Economically Disadvantaged		
Student with Disabilities		
Limited English Proficient		
African American		
Caucasian		
Hispanic		

Provide justification for this area of appeal: (type below)

Checklist:

New and/or revised correction spreadsheet has been submitted to NORMES*

*See Commissioners Memo # COM-09- for directions on submitting appeal documents.