TO:	Superintendent o	f Schoo	ls						
FROM:									
	Teacher Name								
RE:	APPR Appeals P	PPR Appeals Process							
the Buffal	o Teachers Federat	tion I he	ereby submit this	d upon by the Buffalo City appeal to my APPR, when cobationary teachers "deve	rein I received a rating				
	Name:								
	School:								
		(at tii	me of APPR)						
	Home Addre	ss:							
	Subject Level/grade level (at the time of APPR):								
	Status (circle	one):	Temporary	Probationary	Tenured				
	Date of receip	pt of co	mposite score: _						

In accordance with Section C of the appeals process I hereby appeal to the Superintendent of Schools the rating of "ineffective" that I received or the developing rating that I received because I am a teacher who received a probationary appointment on or after July 1, 2015 and received either 1) two developing ratings during the probationary period or 2) a developing rating in the final year of my probationary term.

In accordance with Section D of the appeals process should I not be successful with my appeal in Section C above, in the time allotted, I hereby appeal my rating to a neutral hearing officer by submitting this document.

The reasons set forth for the nature of my objections include:

DATE:

1. the substance of the APPR including but not limited to the instance of a teacher rated ineffective on the student performance category but rated Highly Effective on the observation category based on an anomaly, as determined locally.

- 2. the District's adherence to the APPR process and procedures as approved by the Professional Council, the Buffalo Board of Education and the Buffalo Teachers Federation;
- 3. adherence to NYS Law, the regulations of the Commissioner; and locally negotiated procedures, and
- 4. compliance with the terms of the teacher improvement plan (TIP).

Please notify me in writing at the	above address	of the date of	of my hearing	g(s) in accordance	e with
Section D of the appeals process.					

	Signature				
Enclosure					
cc: BTF					