

To: Superintendent of Schools
From: _____
Teacher Name
Subject: APPR Appeals Process
Date: _____

In accordance with the APPR Appeals Process agreed upon by the Buffalo City School District and the Buffalo Teachers Federation I hereby submit this appeal to my APPR, wherein I received a rating of “ineffective”.

Name: _____

School: _____
(at time of APPR)

Home Address: _____

Subject Level/grade level (at the time of APPR): _____

Status: Temporary Probationary Tenured

Date of receipt of composite 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.

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:

- 1) the substance of the APPR; 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 the regulations of the Commissioner; 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 my hearing(s) in accordance with Section D of the appeals process.

Signature

Enclosure
cc: BTF