

**St. Lucie Public Schools  
Teacher Summary Evaluation Appeal Form – Non Classroom Teacher**

Name: \_\_\_\_\_ School/Department: \_\_\_\_\_

Position: \_\_\_\_\_ School Year Pertaining to Evaluation: \_\_\_\_\_

Evaluation Component Being Appealed: Instructional Practice  Student Performance Measure

Basis of Appeal: Please provide your scores in the boxes below and select the areas that are the basis for your appeal. [Ex. Instructional Practice Score (IPS), Deliberate Practice Plan (DPP), Student Performance Measure (SPM)]

IPS	DPP	SPM	Summary Evaluation Score

Explanation for appeal: \_\_\_\_\_  
\_\_\_\_\_

**Area of Appeal:**

**Professional Practice Component**

1. \_\_\_ The procedures and processes specified for non-classroom teachers in the Teacher Evaluation System were not followed. (Please provide your portfolio summary printout from iObservation.)
  - a. \_\_\_ The timelines for conferencing with my supervisor were not followed.
  - b. \_\_\_ The number of conferences specified were not held with me.
  - c. \_\_\_ Monitoring and timely feedback was not provided to me.
  - d. \_\_\_ My supervisor did not review and discuss evidence with me regarding my work performance.
  
2. \_\_\_ I implemented a Deliberate Practice Plan (DPP) however my DPP score wasn't included in the calculation of my overall Professional Practice Score. *Please attach your professional practice score report, and DPP baseline.*
  
3. \_\_\_ Other (please describe): \_\_\_\_\_

**Student Performance Measure**

4. \_\_\_ My calculation does not adhere to the procedures specified in the Teacher Performance Appraisal System (for example student attendance, assessments, students not included in the calculation, etc.). *Please provide the specific page(s) \_\_\_\_\_ and/and section(s) \_\_\_\_\_ that states the procedures being appealed \_\_\_\_\_.*
  
5. \_\_\_ Teacher attendance due to extended leaves. *Attach your Skyward attendance data*
  
6. \_\_\_ Other (please describe): \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Evaluation Appeal Committee Use Only:

Date Received: \_\_\_\_\_ Sufficient documentation provided: \_\_\_ Yes \_\_\_ No Appeal Approved: \_\_\_ Yes \_\_\_ No