

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

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

Teaching Assignment (include grade): \_\_\_\_\_ 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:**

**Instructional Practice Component**

1. \_\_\_ Observations(s) were not conducted in accordance with the procedures specified in the Teacher Performance Appraisal System (TPAS). (Please provide your portfolio summary printout from iObservation.)
  - a. \_\_\_ The required number of informal and/or formal observations were not conducted.
  - b. \_\_\_ Written feedback was not provided to me within the timeframe specified for my formal observation(s).
  - c. \_\_\_ My observation(s) were not completed within the timeframe specified.
2. \_\_\_ My Deliberate Practice Plan (DPP) score wasn't included in the calculation of my overall Instructional Practice Score. *Please attach your instructional practice score report, DPP baseline and applicable observations*
3. \_\_\_ Employed/worked less than forty-four (44) days during this fiscal year. *Attach your Skyward attendance data*
4. \_\_\_ Other (please describe): \_\_\_\_\_

**Student Performance Measure**

5. \_\_\_ 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/or section(s) \_\_\_\_\_ that states the procedures being appealed \_\_\_\_\_.*
6. \_\_\_ Teacher attendance due to extended leaves. *Attach your Skyward attendance data*
7. \_\_\_ Other (please describe): \_\_\_\_\_

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

For Evaluation Appeal Committee Use Only:

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