

Ohio Conference Department of Education
LPDC

APPEAL FORM
(initiated by staff member)

NAME _____

SCHOOL _____

I formally request an appeal to the Local Professional Development Committee based on the following:

_____ **1. Rejection of the IPDP**

- _____ Incomplete Plan
- _____ Plan lacks relevance to current assignment
- _____ Goals unrelated to the individual, assignment, and district
- _____ Outcomes for each goal lack clarity
- _____ Insufficient activities and corresponding timeline
- _____ Lack of appropriate evaluation procedures

_____ **2. Recommendation of non-renewal of certificate/license**

For LPDC Use: To be completed and copy sent to individual requesting appeal.

Appeal form received on _____ by _____.

The appeal hearing will take place on _____ (date)

at _____ (time). The location of the hearing is _____.

PLEASE BE PREPARED WITH SUPPORTIVE DOCUMENTATION

Confirmation of Meeting is to be made within three business days by phoning

_____ at _____.

<p>LPDC USE:</p> <p>Notification of Appeal Hearing Sent on: _____</p> <p>Confirmation of Employee's Intent to Attend Appeal Received on: _____</p> <p>Comments:</p>
