

IPDP APPEALS PROCESS AND TRACKING FORM

Name _____

Date _____

IT IS THE RESPONSIBILITY OF THE EDUCATOR TO INITIATE EACH STEP OF THE APPEALS PROCESS.

STEP 1. APPEALS TO THE COMMITTEE

Your IPDP was denied final approval. To initiate the appeals process, please fill out this form for an appearance at the next regularly scheduled LPDC meeting, which will be held on _____.

Appeals may be submitted in writing on this form to the LPDC chairperson within ten (10) working days after receiving notification of denial. All written appeals will be heard at the next regularly scheduled meeting of the LPDC and will require the educator to be present. The educator will receive written notification of the appeal decision within five (5) working days after the appeals hearing.

Briefly explain the nature of the appeal:

Appearance Date: _____

Decision: _____

SUBMIT TWO (2) WEEKS BEFORE THE NEXT MEETING DATE.

STEP II. APPEALS TO THE APPEALS PANEL:

The staff member **may** move to Step II of the Appeals Process if the decision of the Committee and the results of Step I Appeal are not satisfactory to the staff member. Should Step II be a choice of the staff member, he/she must submit the second written appeal to the Committee Chairperson within five (5) days of receipt of the written decision from the appeals hearing. The Appeals Panel will then be created and will be made up of three professionals who will hear the Step II Appeal and determine if the decision of the Committee is to be upheld or reversed. The Appeals Panel will be provided a copy of the LPDC document along with the

individual's IPDP for review. Members of the Appeals Panel must be available to meet within ten (10) working days of receipt of the second (2nd) written appeal. In cases of extreme circumstances, the Committee may extend or modify timelines for this Appeals Process.

Educator's Nominee Name _____
 Address _____
 Phone _____

LPDC Nominee Name _____
 Address _____
 Phone _____

Educator's nominee and LPDC nominee will meet to choose a joint nominee.

Joint Nominee Name _____
 Address _____
 Phone _____

Triumvirate Meeting Date: _____

Decision: _____