# NAPOLEON AREA SCHOOLS - PROFESSIONAL DEVELOPMENT

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| APPEAL FORM(LPDC Form, Page 1 of 1) |
| NAME:       DATE:       |
| SCHOOL ID #:       SCHOOL YEAR:       |
| CURRENT ASSIGNMENT & BUILDING:      **CURRENT LICENSE(S) AND EXPIRATION DATE(S):**  |

# *INSTRUCTIONS: Submit the original to the LPDC for consideration at the next LPDC meeting.*

I wish to appeal the LPDC decision for the following reason(s):

I certify that the information provided is true and accurate to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

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| **This section completed by the LPDC** |
| **APPROVAL** |
| \_\_\_\_\_ This appeal has been granted. |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature by the Superintendent of Designee | Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature by the LPDC Chairperson | Date |
| Copies to: Superintendent \_\_\_\_\_\_ | Submitting Teacher \_\_\_\_\_ |
| **DISAPPROVAL** |
| \_\_\_\_\_ This appeal has been denied as submitted. See Standards and Guidelines section on Appeals. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature by the LPDC Chairperson | Date |
| Copies to: Superintendent \_\_\_\_\_\_ | Submitting Teacher \_\_\_\_\_ |