



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF QUALITY SCHOOLS – ACCOUNTABILITY DATA

MAP ASSESSMENTS APPEAL FORM

DIRECTIONS:

Complete the information below for each student for which an appeal is necessary. Fax the completed form to: (573)526-3045 or mail the original to Accountability Data, PO Box 480, Jefferson City, MO 65102. Questions, contact: Accountability Data Ph: (573) 526-4886; or email: accountabilitydata@dese.mo.gov. Visit the department's website at: dese.mo.gov

| | |
|------------------------|-----------------------|
| DISTRICT NAME: | COUNTY-DISTRICT CODE: |
| DISTRICT CONTACT NAME: | PHONE: |

SELECT ONLY ONE OF THE FOLLOWING:

| | | | |
|--------------------------------------|--|--|---|
| <input type="checkbox"/> Grade Level | <input type="checkbox"/> End of Course | <input type="checkbox"/> MAP-Alternate | <input type="checkbox"/> English Language Learner |
|--------------------------------------|--|--|---|

PURCHASE ORDER NUMBER (made out to the appropriate test company):

STUDENT INFORMATION (IF MORE SPACE IS NEEDED, PLEASE FILL OUT ANOTHER FORM):

| LINE # | STUDENT FIRST NAME | STUDENT LAST NAME | GRADE | DATE OF BIRTH MM/DD/YYYY | MOSIS ID | CONTENT AREA | DISTRICT OF RESIDENCE COUNTY/ DISTRICT /BUILDING CODE | DISTRICT OF ATTENDANCE COUNTY/ DISTRICT /BUILDING CODE | Verifying 'Level Not Determined' | Extenuating Circumstances | Documentation of substantial evidence or extenuating circumstances |
|--------|--------------------|-------------------|-------|-----------------------------|----------|--------------|--|---|----------------------------------|---------------------------|--|
| 1 | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4 | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5 | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6 | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7 | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8 | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9 | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10 | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11 | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12 | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13 | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14 | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 15 | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |

VERIFICATION OF REVIEW:

| | |
|------------------------------|-------|
| SIGNATURE OF SUPERINTENDENT: | DATE: |
| PRINTED NAME: | |

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