



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
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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:
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PRINTED NAME:

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.