



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
 OFFICE OF DATA SYSTEM MANAGEMENT – ACCOUNTABILITY DATA  
**APPEAL REQUEST FORM**  
**FOR: 2012 MAP End-of-Course Assessments**

<b>District Name:</b>	<b>County District Code:</b>	<b>Form Due Date: August 27, 2012</b>
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<b>Purchase Order Number:</b>	<b>District Contact Name:</b>	<b>Phone:</b>
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**Student Information** (IF MORE SPACE IS NEEDED, PLEASE FILL OUT ANOTHER FORM.)

#	STUDENT LAST NAME	STUDENT FIRST NAME	MOSIS ID	DATE OF BIRTH MM/DD/YYYY	Grade	CONTENT AREA (MA, CA, SC, Alg., Bio., Eng., ELL)	DISTRICT OF RESIDENCE COUNTY/DISTRICT /BUILDING CODE	DISTRICT OF ATTENDANCE COUNTY/DISTRICT /BUILDING CODE	Appealing Student MAP Score	Appealing Student MAP-A Score	Appealing Student EOC Score	Appealing Student LAS Links Score	Verifying 'Level Not Determined'	Extenuating Circumstances (Medical/ Enrollment Changes/ No Name)	What documentation of substantial evidence the administrator, teacher and/or IEP team have or what extenuating circumstances exist to support the appeal of the student's achievement level?
1									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Verification of Review**

<b>Signature of Superintendent:</b>	<b>Date</b>
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<b>Printed Name:</b>	<b>Position:</b>
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<b>(Office Use Only)</b> <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Original <input type="checkbox"/> Copy	<b>Date received:</b> Initials	<b>Provider/DESE:</b>	<b>Date Processed:</b> Initials
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**DIRECTIONS**

**Fax the completed form by the due date above to: (573)522-6384 (OR) mail to Accountability Data, PO Box 480, Jefferson City, MO 65102**  
 Questions, contact: Accountability Data Ph: (573) 526-4886; Fax: (573) 522-6384; or e-mail to: [accountabilitydata@dese.mo.gov](mailto:accountabilitydata@dese.mo.gov) Visit the department's website at: [dese.mo.gov](http://dese.mo.gov)

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