



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
 OFFICE OF EDUCATOR QUALITY – EDUCATOR PREPARATION
EDUCATOR PREPARATION ANNUAL PERFORMANCE REPORT APPEAL FORM

INSTRUCTIONS:

Complete the applicable fields below for each program completer for which an appeal is necessary. If the appeal is for an assessment that was scored incorrectly on Performance Indicator 1.1 or 3.2 you must contact the testing vendor directly. Email the completed form to EQData@dese.mo.gov. Questions: Contact Office of Educator Quality at 573-751-0371 or email at EQData@dese.mo.gov.

EDUCATOR PREPARATION PROGRAM (EPP) NAME	EPP CODE
EPP CONTACT NAME	EPP CONTACT PHONE
EPP CONTACT EMAIL ADDRESS	

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

LINE #	LAST NAME	FIRST NAME	MIDDLE NAME OR MIDDLE INITIAL	DATE OF BIRTH MM/DD/YY	LAST 5 DIGITS OF SSN	CERTIFICATION PROGRAM	PERFORMANCE INDICATOR	COMPLETER YEAR	EXAM DATE IF APPLICABLE MM/DD/YY	EXAM SCORE IF APPLICABLE	SUPPORTING DOCUMENTATION OR ADDITIONAL NOTATION IS ATTACHED
1											
Comments											
2											
Comments											
3											
Comments											

VERIFICATION OF REVIEW:

ELECTRONIC SIGNATURE OF DEAN OR UNIT LEADER:	DATE:
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BY MY ELECTRONIC SIGNATURE, I CERTIFY THE INFORMATION I PROVIDED ON AND IN CONNECTION WITHIN THIS FORM IS TRUE, ACCURATE, AND COMPLETE.

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