



Paramount Unified School District

Human Resources Teacher Induction Program



Written Appeal Form

Name: _____ Date: _____

School Site: _____

After consulting with my assigned support provider, I would like to appeal the feedback given by the Teacher Induction Program.

Reason for the Appeal (a brief narrative that clearly states what is being appealed and why): _____

Provide evidence to support the appeal.

The appeal made by the teacher:

- Has been approved. The Teacher Induction Program will update the teacher's record of program participation.
- Has not been approved. In order to continue to make progress in program completion, the teacher will work with their support provider to revise the candidate competency benchmark.

Teacher Support Curriculum Specialist

Date

Leadership Team Member

Date

Program Director

Date