

**LOCAL PROFESSIONAL DEVELOPMENT COMMITTEE
NOTIFICATION OF APPEAL HEARING**

Name

Date

Reason for Appeal:

1. Recommendation of non-renewal of license
2. Rejection of the IPDP

Incomplete plan

Plan lacks relevance to current assignment

Goals unrelated to the individual, assignment and district

Outcomes for each goal lacks clarity

University hours/CEU activities do not relate to area(s) of certification/
license Insufficient activities and corresponding timeline

Lack of appropriate evaluation procedures

Lack of sufficient documentation to support the proposal

The appeal hearing will take place on _____ (day), _____ (date) at _____
(time). The location of the hearing is _____

Please be prepared with supportive documentation.

Confirmation of this meeting is to be made within three student contact days by phoning _____
at _____