

**Crestwood Local School District
Local Professional Development Committee**

**Appeals
Level I**

Describe the IPDP, individual designed activity, course, CEUs, and/or certificate/license renewal not approved:

(Include copies of the documentation indicating non-approval)

Explain why you feel the work meets the criteria as set forth in the LPDC By-Laws:

Signature _____
Date Received by LPDC _____
Date

Disposition:

Appeal Approved _____
Signature LPDC chairperson _____
Date

Appeal Not Approved _____
Signature LPDC chairperson _____
Date

**Crestwood Local School District
Local Professional Development Committee**

Appeals

Level II

Request for Personal Hearing

(Provide seven copies of all related documents.)

I _____ believe the above IPDP, individual designed activity, course, CEUs, and/or certificate/license renewal not approved, meets the criteria as specified by Ohio Law and the Crestwood LPDC By-Laws. I therefore request a hearing pursuant to Article XIII, Section 3 of the LPDC By-Laws for the purpose of reconsideration.

Signature

Date

Received by LPDC

Date

Hearing Granted

Signature LPDC Chairperson

Date

Hearing Date

_____ Location _____

Hearing Disposition:

Appeal Approved

Signature LPDC chairperson

Date

Appeal Not Approved

Signature LPDC chairperson

Date

Rationale for non-approval:

Crestwood Local School District
Local Professional Development Committee

Appeals

Level III

Request for Appeals Panel

(Provide seven copies of all related documents,)

I _____ believe the above IPDP, individual designed activity, course, CEUs, and/or certificate/license renewal not approved, meets the criteria as specified by Ohio Law and the Crestwood LPDC By-Laws. I therefore request an "Appeals Panel" be formed pursuant to Article XIII, Section 4 of the LPDC By-Laws for the purpose of reconsideration.

Signature

Date

Certified/licensed educator selected by the appellant:

Received by LPDC

Date

Hearing Granted

Signature LPDC Chairperson

Date

Certified/licensed educator selected by the LPDC

Certified/licensed educator selected jointly:

Hearing Date

_____ **Location** _____

Hearing Disposition:

Appeal Approved

Signature Appeals Panel Members

Date

Appeal Not Approved

Signature Appeals Panel Members

Date