

■ ACE Appeal Form

Any student who has been denied a standard diploma by the school district in which the student is or was enrolled for failing to meet the educational requirements of 70 O.S. § 1210.523 may appeal the denial to the State Board of Education. The petition for appeal must be filed in writing with the Secretary of the Board within thirty (30) days after the denial of a standard diploma, in a manner prescribed by the State Board of Education. The parent or guardian of a student under the age of eighteen (18) may file a petition for appeal on behalf of the minor student who has been denied a standard diploma. Any student over the age of eighteen (18) may directly file a petition for appeal with the State Board of Education. The petition for appeal must be signed by the student and/or parent or legal guardian of the student and the school district's Superintendent or the Superintendent's designee verifying the information submitted in the appeal is accurate and correct. A petition for appeal may not be submitted by the school district in which the student was or is enrolled.

■ Petitioner Information (Individual Filing Appeal – Student or Parent/Guardian)

NAME _____ TELEPHONE _____

E-MAIL _____ MAILING ADDRESS _____

■ Student Information

NAME _____ DATE OF BIRTH _____

E-MAIL _____ MAILING ADDRESS _____

TELEPHONE _____ SCHOOL SITE AND DISTRICT _____

DATE STUDENT HAS BEEN DENIED A STANDARD DIPLOMA (GRADUATION DATE) _____

School Districts must assess students at the End of Instruction in English II, English III, Algebra I, Algebra II, Geometry, U.S. History, and Biology. Has the student taken the following classes and EOI(s)?:

Did the student take English II? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did the student take English III? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did the student take the EOI? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did the student take the EOI? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did the student take Algebra I? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did the student take Algebra II? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did the student take the EOI? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did the student take the EOI? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did the student take Geometry? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did the student take U.S. History? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did the student take the EOI? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did the student take the EOI? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did the student take Biology? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did the student take the EOI? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please list the initial date the student assessed in each subject along with the score.

ENGLISH II _____
DATE/SCORE

ENGLISH III _____
DATE/SCORE

BIOLOGY I _____
DATE/SCORE

US HISTORY _____
DATE/SCORE

ALGEBRA I _____
DATE/SCORE

GEOMETRY _____
DATE/SCORE

ALGEBRA II _____
DATE/SCORE

School Districts must offer three re-test opportunities per year and remediation for unsuccessful End of Instruction (EOI) attempts. Were all these opportunities offered to the student? Yes No

Please list the date(s) of all re-test attempts in each subject along with the score(s).

ENGLISH II _____
DATE(S)/SCORE(S)

ENGLISH III _____
DATE(S)/SCORE(S)

BIOLOGY I _____
DATE(S)/SCORE(S)

US HISTORY _____
DATE(S)/SCORE(S)

ALGEBRA I _____
DATE(S)/SCORE(S)

GEOMETRY _____
DATE(S)/SCORE(S)

ALGEBRA II _____
DATE(S)/SCORE(S)

Did the student participate in all remediation? Yes No

List all remedial activity(ies), class(es) and date(s) that the student participated in by subject for unsuccessful EOI attempts.

ENGLISH II _____
ACTIVITY(IES)/CLASS(ES)/DATE(S)

ENGLISH III _____
ACTIVITY(IES)/CLASS(ES)/DATE(S)

BIOLOGY I _____
ACTIVITY(IES)/CLASS(ES)/DATE(S)

US HISTORY _____
ACTIVITY(IES)/CLASS(ES)/DATE(S)

ALGEBRA I _____
ACTIVITY(IES)/CLASS(ES)/DATE(S)

GEOMETRY _____
ACTIVITY(IES)/CLASS(ES)/DATE(S)

ALGEBRA II _____
ACTIVITY(IES)/CLASS(ES)/DATE(S)

Was the student made aware of the State Board of Education alternate assessments available for them to attempt?
(Ex: ACT, WorkKeys, Plan, etc. Please refer <http://ok.gov/sde/sites/ok.gov.sde/files/ACE-EOIAltTests.pdf> for a complete list of alternative tests and cut scores by subject.) Yes No

Have any of the alternate assessments been attempted? Yes No

Please list the assessment name, date(s), and score(s).

ASSESSMENT NAME/DATE(S)/SCORE(S)

ASSESSMENT NAME/DATE(S)/SCORE(S)

ASSESSMENT NAME/DATE(S)/SCORE(S)

ASSESSMENT NAME/DATE(S)/SCORE(S)

**School Districts must offer the student State Board approved End of Course Project(s).
Were these offered to the student? Yes No**

Have any of the End of Course Projects been attempted? Yes No

Please list the subject, date(s) and score(s).

SUBJECT/DATE(S)/SCORE(S)

SUBJECT/DATE(S)/SCORE(S)

SUBJECT/DATE(S)/SCORE(S)

SUBJECT/DATE(S)/SCORE(S)

Has the student been unconditionally accepted to a college or university? Yes No
Documentation of correspondence from the college is required.

Is the basis of the student appeal an Extenuating Circumstance? Yes No
Sufficient Evidence of an Extenuating Circumstance means evidence of circumstances which are unexpected, significantly disruptive, beyond a student's control, and which may have reasonably affected his/her academic performance.

Is the basis of the student appeal Evidence of Mastery of State Content Standards? Yes No
Sufficient Evidence of Mastery of State Content Standards means evidence other than completion of course.

Is any other factor the basis of your appeal? Yes No

Please attach a separate document explaining in detail the rationale behind the appeal and all supporting documentation that all approved methods have been attempted.

I agree that all of the information is accurate and true to the best of my knowledge.

SIGNATURE OF PETITIONER (Student or Parent/Guardian)

DATE

■ Superintendent or the Superintendent's Designee

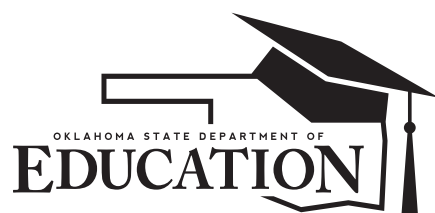
We have attached the ACE Cumulative Record and verify that the information included in the appeal accurately represents the record of the school.

SIGNATURE

DATE

Student has met all curricular requirements? Yes No

If you disagree with the student's request for an appeal, please attach all rebuttal evidence.



Please mail this completed form along with your documentation page(s) to:
Oklahoma State Department of Education
ATTN: OSDE Board Secretary
Secretary of the Oklahoma State Board of Education
2500 N. Lincoln Blvd, OKC, OK 73105

Please address questions to:
Melissa White, Executive Director of Counseling/ACE
(405)521-3549 or Melissa.White@sde.ok.gov

■ FERPA Waiver

The Family Educational Rights and Privacy Act (FERPA) of 1974, is a federal law that establishes the rights of students with regard to education records, and ensures students and families of the right to privacy and confidentiality with respect to those records. This form is provided as a means for students, parents and/or guardians to give the **Oklahoma State Department of Education** and **Oklahoma State Board of Education** permission to discuss and/or disclose the academic records of the student, including any and all IEP information and data, with someone other than themselves (i.e., with a parent, guardian, etc.). This authorization would allow the student's academic record and needs to be discussed or considered during State Department of Education meetings that may be open to the public to the extent necessary to provide the student or family with academic services requested by the student, parent or guardian.

Parent/Student's Authorization to Release Information

In signing this waiver, I, _____,
parent or guardian of student, _____,
Oklahoma Testing ID# _____, grant access of all my academic records to the
Oklahoma State Department of Education and/or Oklahoma State Board of Education for the purposes
of discussion and consideration in meetings open to the public with regard to the student's educational
needs and services.

STUDENT NAME

DATE OF BIRTH

STUDENT TESTING ID NUMBER

PARENT OR GUARDIAN SIGNATURE /AUTHORIZATION

RELATIONSHIP TO STUDENT

STUDENT SIGNATURE/AUTHORIZATION

