

## Garfield Heights City Schools LPDC Appeal Form

(APPLICANT)

Name:	Building:	License Expiration Date:
Date of LPDC Meeting in which	h decision was made:	
Date that the Appeal was submi	tted to the LPDC Representatives	:
Appeals must be submit which the decision was		within ten (10) school days after the meeting at
1. State the LPDC decision	n which you are appealing.	
2. Explain what you feel th	e decision should have been. Pro	ovide your rationale.
3. List any documentation	which you have attached to suppo	ort your appeal.



1. Findings of LPDC Appeal Committee:



2. The revisions to the educator's records as a result of the Appeals Committee determination:

GARFIELD

LPDC Appeals Committee Signatures:

Teacher Member

Teacher Member

Administrator Member

Administrator Member (if needed)

Date sent to full LPDC: