Appeal to Graduate with a Lower Score on a Regents Examination

Information

General Information

Beginning with students entering grade 9 in 2005, students who have taken and passed certain courses in preparation to take a Regents examination and have a 65 course average but whose highest score on the Regents examination is below but within three points of the 65 passing score may appeal to graduate with a local or Regents diploma using this lower score. Through this appeal, the student seeks a waiver of the graduation assessment requirement in this subject area. Approval of this appeal will not change the student’s score on the Regents examination under appeal. The appeal may be initiated by a student or by the student’s parent/guardian or teacher and must be submitted to the student’s school principal. A separate appeal must be made for each examination appealed by the student, and the student cannot seek an appeal for more than two examinations. Students who are granted an appeal on two examinations and who fulfill all other course and testing requirements will receive a local diploma. Students who are granted an appeal on one examination and who fulfill all other course and testing requirements will be determined to have met all graduation requirements and, thereby, earn a Regents diploma. School districts must provide all students an opportunity to access the appeals process if the students meet the eligibility requirements listed below.

Eligible Applicants

Students seeking to appeal must meet the following criteria to demonstrate that they meet the State Learning Standards:

1. Have taken the Regents examination under appeal two times;
2. Have a score on the Regents examination under appeal within three points of the 65 passing score on the examination;
3. Present evidence that the student has taken advantage of academic help provided by the school in the subject tested by the Regents examination under appeal;
4. Have an attendance rate of 95 percent (except for excused absences) for the school year during which the student last took the Regents examination under appeal;
5. Have a course average in the subject under appeal (as evidenced in the official transcript that records grades achieved by the student in each quarter of the school year) that meets or exceeds the required passing grade by the school; and
6. Be recommended for an exemption to the graduation requirement by the student’s teacher or Department chairperson in the subject of the Regents examination under appeal.
**Appeal Committee and Review**

An appeal committee comprised of the school principal as chair, three teachers (not including the teacher of the student making the appeal), and one additional administrator will review the appeal to determine if the student has demonstrated the knowledge and skills required under the State Learning Standards. The appeal committee may, in its discretion, interview the student or the teacher or Department chairperson recommending the appeal. The appeal committee will review the appeal and rule on it within five days of submission. The school superintendent, or Chancellor in New York City or his/her designee, may also interview the student and will sign off on all appeals. The decision to grant or deny an appeal is made at the district level and is not subject to State Education Department (SED) approval.

**Record of Appeals:**

All records relating to appeals must be maintained by the school and be available for inspection by the SED. Appeals must also be reported to SED using the attached *Appeal to Graduate with a Lower Score on a Regents Examination Summary Form*.

At the conclusion of each school year, please forward the attached **Summary Form only** to the following:

New York State Education Department  
Office of Information and Reporting Services  
865 EBA  
89 Washington Avenue  
Albany, NY 12234

(Do **NOT** forward any confidential student information with the submission.)

Questions related to the appeals process should be directed to the New York State Education Department’s Office of Curriculum and Instruction by e-mail at emscurric@mail.nysed.gov or phone at 518-474-5922.
Appeal to Graduate with a Lower Score on a Regents Examination Form

(This form should be maintained by the school and be available for inspection by the State Education Department, if requested.)

Student Name: ___________________________________________________________

Individual(s) Seeking Appeal for Student: ________________________________

School Attended by Student: _____________________________________________

Regents Examination under Appeal: _______________________________________

Date Appeal Submitted: _________________________________________________

Date Appeal Submitted: _________________________________________________

Evidence That Student Meets Criteria

1. Dates Regents examination taken and scores received:
   a. Date: _________________ Score: __________________
   b. Date: _________________ Score: __________________
   c. Date: _________________ Score: __________________
   d. Date: _________________ Score: __________________
   e. Date: _________________ Score: __________________

2. Highest score received on Regents examination and date taken:

   Score: __________________ Date: __________________

3. Evidence that the student has taken advantage of academic help provided by the school in the subject tested by the Regents examination under appeal (attach additional sheet if necessary):

   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
4. Attendance rate (except for excused absences) for the school year during which the student last took the Regents examination under appeal and school year in which the student last took the Regents examination under appeal:

Attendance rate: ________________ School year: ________________

5. Course average in the subject under appeal (as evidenced in the student's official transcript that records grades achieved by the student in each quarter of the school year):

Course average: ________________

Required passing grade by the school: ________________

Does this course average meet or exceed the required passing grade by the school?  
____ YES  ____ NO

6. Teacher or Department chairperson in the subject of the Regents examination under appeal who recommended the appeal for the student:

_______________________________________________
Name

_______________________________________________
Title/Position
Appeal to Graduate with a Lower Score on a Regents Examination
Appeal Committee Findings and Recommendations

The appeal committee has determined that the student listed below has fulfilled the following checked criteria for graduating using a lower score on the named Regents examination.

___ The student has taken the Regents examination under appeal two times.

___ The student has received a score on the Regents examination under appeal within three points of the 65 passing score on the examination.

___ The student has taken advantage of academic help provided by the school in the subject tested by the Regents examination under appeal.

___ The student has an attendance rate of 95 percent (except for excused absences) for the school year during which the student last took the Regents examination under appeal.

___ The student has a course average in the subject under appeal (as evidenced in the official transcript that records grades achieved by the student in each quarter of the school year) that meets or exceeds the required passing grade by the school.

___ The student was recommended for an exemption to the graduation requirement by the student’s teacher or Department chairperson in the subject of the Regents examination under appeal.

___ The student has demonstrated the knowledge and skills in the subject of the Regents examination under appeal required under the State Learning Standards.
Student Name:_______________________ Regents Examination:_______________

Committee Members

Administrator #1 ________________________________________________________
(School Principal)

Administrator #2 ________________________________________________________
(Other than Principal)

Teacher #1_____________________________________________________________

Teacher #2_____________________________________________________________

Teacher #3_____________________________________________________________

The appeal committee recommends:

___  The student be allowed to graduate using the lower score on the Regents examination listed above.

___  The student NOT be allowed to graduate using the lower score on the Regents examination listed above.

Appeal Granted:  ____YES  ____NO

_____________________________________________________________________
Name of Superintendent                                      Signature of School Superintendent

_____________________________________________________________________
Date
Appeal to Graduate with a Lower Score on a Regents Examination
Summary Form
(This form should be returned to the State Education Department at the end of the school year the appeal(s) are granted.)

School Name:__________________________________________________________

School BEDS Code:_____________________________________________________

Person Completing This Form (Contact Person): ______________________________

Telephone: ( ) ________________________________________________________
            (Area Code)                      (Phone Number)

Date Form Completed:___________________________________________________

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<thead>
<tr>
<th>Title of Regents Examination</th>
<th>Number of Appeals Sought</th>
<th>Number of Appeals Granted</th>
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<tbody>
<tr>
<td>Most common:</td>
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<tr>
<td>Comprehensive English</td>
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<td>Integrated Algebra</td>
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<td>Global History and Geography</td>
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<td>U.S. History and Government</td>
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<tr>
<td>Living Environment</td>
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<td>Also possible:</td>
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<tr>
<td>Geometry</td>
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<tr>
<td>Algebra 2/Trigonometry</td>
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<td>Other (Please name and explain why chosen):</td>
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I certify that the above information is correct.

_____________________________  ______________________________
Name of School Superintendent                         Signature of School Superintendent

_____________________________
Date