



Tennessee Department of Education  
Individualized Education Account (IEA) Program  
Andrew Johnson Tower  
710 James Robertson Parkway • Nashville, TN 37243

## Appeal Form for Participating Schools

Pursuant to the rules of the State Board of Education, a provider may appeal the Tennessee Department of Education's (the department) decision to deny, suspend, or terminate the entity's participation in the Individualized Education Account (IEA) Program pursuant to the two-step appeals procedures as required in the rules of the SBE Chapter 0520-01-11. To file an appeal, please complete this form and email the completed form to [IEA.Questions@tn.gov](mailto:IEA.Questions@tn.gov).

The appeal should be submitted to the Commissioner of Education within 14 calendar days of receipt of the notice of application denial, suspension, termination, and/or removal. Notice of application denial, suspension, termination, and/or removal shall be provided electronically and via first-class USPS mail and be deemed received on the date sent electronically. The appeal shall be reviewed by the commissioner of education, or the commissioner's designee, and a decision shall be issued within 45 calendar days.

**Directions:** Please complete the following fields.

| <b>School Information</b>                                      | <b>Response Field</b><br><i>Please complete every field unless otherwise noted.</i> |
|--|---|
| <b>School Name</b>   |   |
| <b>Physical Address of School (Street, City, and Zip Code)</b> |   |
| <b>Name of School Principal</b>                                |   |
| <b>Email for School Principal</b>                              |   |
| <b>School Phone Number</b>                                     |   |
| <b>Date</b>  |   |

**Type of Appeal:** Please mark the box to the right of the best description for the type of appeal you are making in this form.

|                                     |  |
|-------------------------------------|--|
| <b>Application Denial</b>           |  |
| <b>Removal from the IEA Program</b> |  |
| <b>Other</b>                        |  |

|   |  |
|---|--|
| <b>Date of Denial</b>                   |  |
| <b>What decision are you appealing?</b> |  |

**In the space below, please provide a detailed description of the reason(s) why you are appealing the denial or removal. Please include specific details to substantiate your claims.**

**Supporting Documentation**

If applicable, attach supporting documents to substantiate your claims.

I certify the information provided in this form, including any supporting documentation, is truthful and accurate. I further understand that if any false statements or documentation is provided, the department may prohibit the school and/or remove the school from participating in the IEA Program.

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date