



## ERS/CLASS Assessment Results Appeal Process

### Introduction

It is not uncommon for providers to have questions about their ERS or CLASS assessment results. In some cases, providers may disagree with an aspect of their assessment scoring and may wish to appeal their score. If you have questions about your score or the appeal process, you may contact Quality Matters Monterey County Assessment administration staff at [mmatteoni@montereycoe.org](mailto:mmatteoni@montereycoe.org) or 831.755.0300 x407. The appeal process is outlined below.

### Appeal Process

**Step 1: Complete and submit an Assessment Appeal Form within 30 working days of receiving your CLASS or ERS summary report.** Photos, videos, or any materials other than written responses to questions on the appeal form will not be accepted. The completed appeal form can be emailed to [mmatteoni@montereycoe.org](mailto:mmatteoni@montereycoe.org); faxed to 831.755.0367; or mailed to:

Monterey County Office of Education  
Quality Matters Assessment  
901 Blanco Circle  
Salinas, CA 93901

**Step 2: The Quality Matters Appeal Committee will review your submission and respond to your appeal within 30 working days.** The Appeal Committee will determine if there is cause to change the scoring of your assessment. If an assessment is changed, a revised copy of your assessment results will be mailed to you.

## Assessment Appeal Form

INSTRUCTIONS: Return the completed form with applicable rationale. This form should be submitted no later than 30 working days after receipt of your summary report. If you are a center-based program and would like more than one report reviewed for more than one classroom, please complete a separate appeal form for each classroom. The form can be submitted by email: [mmatteoni@montereycoe.org](mailto:mmatteoni@montereycoe.org) or fax: 831.755.0367 or mail: Monterey County Office of Education, Quality Matters Assessment 901 Blanco Circle, Salinas, CA 93901

<b>Program &amp; Contact Information</b>	
Site Name:	
Agency Name (if applicable):	Classroom Assessed (if applicable):
Contact person for appeal:	
Program Mailing Address:	
Phone:	Email:
<b>Assessment Concerns</b>	
Type of Assessment: <input type="checkbox"/> CLASS (Circle: Infants, Toddlers, or Preschool) <input type="checkbox"/> ITERS-R <input type="checkbox"/> ECERS-R <input type="checkbox"/> FCCERS-R	
Name of Assessor:	Date of Assessment:
Please describe in detail the program's rationale for the appeal and your objection for each item (please describe the item/indicator number).	

*Office Use Only:*

Request Received Date:	Appeal Review Date:	Summary of Review Sent: