



Date: _____

Dear _____;

Shasta Head Start has received your appeal on _____
concerning the Notice of Action sent on _____.

Your hearing for this appeal is scheduled for:

Date: _____

Time: _____

Location: _____

Any documents requested must be received by Shasta Head Start at least five (5) days prior to appeal hearing.

If your schedule does not allow you to have a meeting at this time, please let us know at least three (3) days in advance so we can reschedule to a more suitable time.

Sincerely,

Gordon Chatham *Operations Director*
Hearing Officer
Shasta Head Start Child Development, Inc.
Ph. 530.241.1036

Date



PARENT APPEAL DECISION FORM

Date: _____

Date Appeal Received: _____

To: _____

Date Documents Received: _____

We have received the appeal indicated above and have completed the appeal process. Below you will see the results of the appeal.

If you have any questions or concerns, please call us at: _____

INFORMATION/DOCUMENTS PROVIDED

APPEAL RESULTS

If Appeal was successful, has new Notice of Action been provided?

If NO, date NOA to be provided: _____

HEARING OFFICER

DATE

ENROLLMENT COORDINATOR

DATE

If, after your local hearing, you disagree with the local hearing decision letter, you may ask for a review by the Early Education and Support Division (EESD). To request a review, write a letter explaining why you believe the local agency's decision letter is incorrect. Your request must include: 1) your letter, 2) a copy of this NOA, and 3) a copy of the agency's decision letter. The EESD must receive the request within 14 calendar days from the date on the written decision letter.

Mail or fax your appeal to:

California Department of Education
Early Education and Support Division
1430 N Street, Suite 3410
Sacramento, CA 95814
Attn: Appeals Coordinator
FAX 916-323-6853

You may contact the EESD at 916-322-6233 for additional assistance.