

Evaluation Grievance Form-Step I

EVALUATOR

To submit a grievance for the Evaluation process, please complete the following form and submit to your evaluator. Written grievances must be submitted to the evaluator no later than 15 calendar days from the date of the perceived procedural or data violation. Grievances may be filed for either or both of the following reasons. Please check the applicable reason(s):

_____ Adherence to the evaluation process and policies adopted by the State Board of Education

_____ Accuracy of data used in the evaluation (Student Growth Measures and/or Achievement Measures).

Teacher _____ Administrator(s) _____

Position(s) _____ Evaluator(s) _____

School/Assignment _____ Evaluation period in question _____

Date of Violation _____ Date Qualitative Rating Received _____

Date Summative Rating Received _____

Basis for grievance:

Corrective action desired by grievant:

Be sure to include sufficient facts or other information to begin an investigation.

Policy requires that you receive a written decision within fifteen (15) calendar days of the date this grievance is submitted.

Grievant Signature

Date Submitted (starts 15 days)

Evaluator Signature (verifying receipt of document)

Date Document Received

Grievance resolution:

Evaluator (Administrator) Signature

Date

Grievant Signature

Date

***Signing this form indicates receipt not agreement.**

Evaluation Grievance Form-Step II

DIRECTOR OF SCHOOLS

To submit a grievance for Step II of the Evaluation process, please complete the following form and submit to your Director of Schools. Written grievances must be submitted to the Director of Schools no later than 15 calendar days from the receipt of the Step I decision. Grievances may be filed for either or both of the following reasons. Please check the applicable reason(s):

_____ Adherence to the evaluation process and policies adopted by the State Board of Education

_____ Accuracy of data used in the (Student Growth Measures and/or Achievement Measures).

Teacher _____ Administrator(s) _____

Position(s) _____ Evaluator(s) _____

School/Assignment _____ Evaluation period in question _____

Date of Violation _____ Date Qualitative Rating Received _____

Date Summative Rating Received _____

Basis for grievance:

Corrective action desired by grievant:

Be sure to include sufficient facts or other relevant information to the investigation.

Policy requires that you receive a written decision within fifteen (15) calendar days of the date of the informal discussion or hearing of facts with the Director of Schools.

Grievant Signature

Date

Director of Schools'/Designee Signature (verifying receipt of document)

Date Document Received

At the informal hearing before the Director of Schools, an attorney or (an Association) representative of the employee may speak on behalf of the employee. **In cases where the principal is the grievant, the designee cannot be used.**

Date of Informal Hearing of Facts: _____ (starts 15 days to decision)

Grievance Resolution:

Grievant Signature

Date

Director of Schools'/Designee Signature (verifying receipt of document)

Date Document Received

***Signing this form indicates receipt not agreement.**

Evaluation Grievance Form-Step III

REQUEST FOR A HEARING (Local Board of Education)

To submit a grievance for Step III of the Evaluation process, please complete the following form and submit to the chair of your local School Board of Education. Written grievances must be submitted to the local School Board of Education no later than 15 calendar days from the receipt of the Step II decision. Grievances may be filed for either or both of the following reasons. Please check the applicable reason(s):

_____ Adherence to the evaluation process and policies adopted by the State Board of Education

_____ Accuracy of data used in the (Student Growth Measures and/or Achievement Measures).

Teacher _____ Administrator(s) _____

Position(s) _____ Evaluator(s) _____

School/Assignment _____ Evaluation period in question _____

Date of Violation _____ Date Qualitative Rating Received _____

Date Summative Rating Received _____

Basis for grievance:

Corrective action desired by grievant:

Be sure to include relevant documentation, sufficient facts, or other information pertaining to the investigation.

Policy requires that any hearing granted by the school board based on this request shall be held no later than 30 calendar days after the receipt of the request for a hearing.

Grievant Signature

Date

Chairman of the Board Signature (verifying receipt of document)

Date Document Received

Grievance resolution:

Chair, Local School Board of Education

Date

Grievant Signature

Date

***Signing this form indicates receipt not agreement.**