

Evaluation Grievance Form – Step III

This form is to be completed by the grievant and submitted to the Board of Education no later than fifteen (15) days following receipt of the Executive Director of School Leadership/Superintendent's decision.

Name of Grievant: _____

School: _____ Assignment: _____

Name of Evaluator: _____

Date Step II Decision Received: _____ Evaluation Period: _____

Basis for the grievance: Identify the inaccurate data that was used or describe the procedural error that occurred as part of your evaluation. How did this materially affect or compromise your evaluation? (attach additional sheets or documentation as needed) _____

Corrective action desired: _____

Signature of Grievant: _____

To be completed by the Board of Education

Date received: _____ Superintendent's Decision: Affirmed _____ Overturned _____

Full Board Hearing Granted: No _____ Yes _____, set for: _____
(Date and Time)

Other corrective action taken: _____

Signature of Board Chair: _____

Date grievant notified: _____