

# ILEAD EVALUATION RECORD CHANGE REQUEST FORM

Submit completed form to Supervisor/Evaluation Reviewer or Executive Director.

Evaluator: _____ School: _____ Teacher/LSP/Counselor: _____ ID# _____	<b>Request Initiated by:</b> <input type="checkbox"/> Teacher/LSP/Counselor <input type="checkbox"/> Evaluator Signature: _____ Date: _____
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**Please indicate the nature of the change requested and provide a rationale:**

- Date corrections
  - Pre-Conference      Change from \_\_\_\_\_ to \_\_\_\_\_
  - Observation            Change from \_\_\_\_\_ to \_\_\_\_\_
  - Walkthrough            Change from \_\_\_\_\_ to \_\_\_\_\_
  - Post-Conference        Change from \_\_\_\_\_ to \_\_\_\_\_
  - Final Conference        Change from \_\_\_\_\_ to \_\_\_\_\_
  - Other: \_\_\_\_\_

Evidentiary Additions/Modifications      Identify Document to be changed: \_\_\_\_\_

Other: \_\_\_\_\_

Description and/or Rationale for changes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Teacher/LSP/Counselor Signature\*      Date: \_\_\_\_\_

- I Agree with changes       I Disagree with changes

If disagree, please explain why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Indicates ILEAD Evaluation change form received, not necessarily agreement with changes.

\_\_\_ Copy provided to Teacher / LSP / Counselor      Date: \_\_\_\_\_

\_\_\_\_\_ Evaluator Signature      Date: \_\_\_\_\_

## APPROVAL

Evaluation Reviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_       Approved     Denied

*For Professional Learning & Licensure Office Use Only:*

Changed in ILEAD system by: \_\_\_\_\_ Date: \_\_\_\_\_