ILEAD EVALUATION RECORD CHANGE REQUEST FORM

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

Evaluator: _____

School: _____

Teacher/LSP/Counselor: _____ ID#_____

Request Initiated by:

☐ Teacher/LSP/Counselor   ☐ Evaluator

Signature: _____

Date: _____

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: _____