ILEAD EVALUATION RECORD CHANGE REQUEST FORM FOR OPES

Submit completed form to Approver (i.e., Area Superintendent, Executive Director).

Evaluator: School	Year	·
School:		☐ Evaluator
School:	 Signature:	
Principal/AP:		
Please indicate the nature of the change requested and provide a rationale:		
□ Date corrections		
☐ Observation Change	e from to	
\square Walkthrough Change	e from to	
☐ Conference Change ☐ Other:	e from to	
☐ Spelling/Grammatical Corrections Identify Document to be changed:		
☐ Evidentiary Additions/Modifications		
□ Other:		
Description and/or Rationale for changes:		
	Principal/AP*	Date:
\square I Agree with changes \square I Disagree with changes		
If disagree, please explain why:		
*Indicates ILEAD Evaluation change form received, not necessarily agreement with changes.		
Copy provided to Principal/AP		Date:
	Evaluator Signature	Date:
APPROVAL		
Approver Signature:	Date:	_ Approved \square Denied \square
For Professional Learning & Licensure Office Use Only:		
Changed in ILEAD system by: Date:		