ILEAD EVALUATION RECORD CHANGE REQUEST FORM FOR OPES

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

Evaluator:	School Year	Request Initiated by:
School		☐ Principal/AP ☐ Evaluator
School:		Signature:
Principal/AP:	ID#	
Please indicate the nature of the change requested and provide a rationale:		
\square Date corrections		
	Change from	
	Change from	
\Box Conference \Box Other:	Change from	to
☐ Spelling/Grammatical Corrections Identify Document to be changed:		
☐ Evidentiary Additions/Modifications		
□ Other:		
Description and/or Rationale for changes:		
	Principal/A	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 S	Signature Date:
APPROVAL		
Approver Signature:		Date: Approved Denied
For Professional Learning & Licensure Office Use Only:		
Changed in ILEAD system by: _		Date: