

## EVALUATION RECORD CHANGE REQUEST FORM FOR OPES

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

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

- Date corrections  
     Observation      Change from \_\_\_\_\_ to \_\_\_\_\_  
     Walkthrough      Change from \_\_\_\_\_ to \_\_\_\_\_  
     Conference      Change from \_\_\_\_\_ to \_\_\_\_\_  
     Other: \_\_\_\_\_
- Spelling/Grammatical Corrections      Identify Document to be changed: \_\_\_\_\_  
 Evidentiary Additions/Modifications      Identify Document to be changed: \_\_\_\_\_  
 Other: \_\_\_\_\_

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

\_\_\_\_\_ Principal/AP\*      Date: \_\_\_\_\_

- I Agree with changes       I Disagree with changes

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

\*Indicates Evaluation Record Change Form received, not necessarily agreement with changes.

\_\_\_\_ Copy provided to Principal/AP      Date: \_\_\_\_\_

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

### APPROVAL

Approver Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Approved  Denied

*For Professional Learning & Licensure Office Use Only:*

Updated in the OhioES system by: \_\_\_\_\_ Date: \_\_\_\_\_