

# EVALUATION RECORD CHANGE REQUEST FORM FOR OTES 2.0/LSP/OSCES

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

Evaluator: _____ School: _____ Teacher/LSP/Counselor: _____ ID# _____	<b>Request Initiated by:</b> <input type="checkbox"/> Teacher/LSP/Counselor <input type="checkbox"/> 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 Evaluation Record 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:*

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