



Teacher/Principal Evaluation Grievance Form

I have reviewed Policy HUM-A036 & Procedure HUM-P023, and understand I am challenging the accuracy of the data used in the evaluation and/or the adherence to the evaluation policies adopted by the State Board of Education.

Name: _____ Position: _____

Work Location: _____

Immediate Supervisor: _____

Name of Evaluator/Reviewer: _____

Date challenged summative evaluation was received: _____

Evaluation period in question: _____

Basis for the grievance:

Corrective action desired:

Sufficient facts or other information to begin the investigation:

Supporting documentation or information related to this grievance must be submitted with a copy of this grievance form.

Date form completed: _____

Step 1 Date form received by Evaluator: _____

Step 2 (If required), date form received by Director of Schools: _____

Step 3 (If required), date form submitted to Board of Education: _____