



Performance Evaluation Appeal Form for Certified Staff

I. EMPLOYEE INFORMATION

Name: _____ Employee ID#: _____

Position: _____ School/Dept: _____

Date of Appeal: _____ Date of Summative Conference: _____

Name/Title of Evaluator: _____

Name of Principal (if Principal is not the Evaluator): _____

II. OVERALL RATING BEING APPEALED

Partially effective

Ineffective

III. BASIS FOR APPEAL

Evaluator did not follow District performance evaluation procedures and that failure had a material impact on my final evaluation rating.

Evaluator relied on data that was inaccurately attributed to me.

IV. EVIDENCE - Narrative account of evidence to support an effective rating (additional paper/documentation may be attached).

Employee Signature

Date

Provide original of this appeal form to your Evaluator within 5 business days of your summative evaluation conference and a copy to Human