

ILEAD EVALUATION APPEAL FORM – 2018-19 School Year

Teacher/LSP/School Counselor: _____ CCS ID#: _____

Contact phone number: _____ CCS email: _____

School/Location: _____ Evaluator: _____

Please indicate the nature of the appeal request and provide a rationale:

- ☐ Overall Summative Rating of Ineffective
- ☐ Ineffective Performance Rating
- ☐ Two Evaluators and the Overall Rating is Questionable
- ☐ Evaluation Contains a Procedural Error (e.g., evaluator did not follow required process)

Rationale (attach additional pages if more space is needed):

*By signing below, I understand that if my appeal is granted, my Performance Rating will be vacated and reported to the Ohio Department of Education as **Not Completed** (for teachers/counselors; noted in ILEAD for LSPs) and I will go through the **Full Evaluation Cycle** during the 2018-19 School Year.*

Teacher/LSP/School Counselor Signature: _____ Date: _____

Documentation

Documentation must be submitted as evidence to support your appeal. The following are examples of possible evidence that could be provided as documentation:

- Lesson plans
- Student data
- Emails/document communication
- Absence forms

Submit ILEAD Evaluation Appeal Form and all supporting documentation by Friday, May 24, 2019 to:

Teri Mullins
Columbus Education Association
929 East Broad Street
Columbus, Ohio 43205

For CCS Joint Evaluation Panel Use Only:

Appeal with Documentation Received by: _____ Date: _____

Joint Evaluation Panel Decision: Approved _____ Not Approved _____ Date: _____