

GREENE COUNTY SCHOOLS

Evaluation Grievance Form – Step II

This form is to be completed by the grievant and submitted to the Director of Schools no later than fifteen (15) days following receipt of the evaluator’s decision in Step I.

Name of Grievant: _____

School: _____ Assignment: _____

Name of Evaluator: _____

Date Step I Decision Received: _____ Evaluation Period: _____

Basis for the grievance: Identify the inaccurate data that was used or describe the procedural error that occurred as part of your evaluation. How did this materially affect or compromise your evaluation? _____

(Attach additional sheets or documentation as needed)

Corrective action desired: _____

Signature of grievant: _____

To be completed by the Director of Schools

Date received: _____ Grievance Disposition: Confirmed _____ Denied _____

Corrective action taken: _____

Signature of Director of Schools: _____ Date grievant notified: _____