

KNOX COUNTY SCHOOLS

Evaluation Grievance Form – Step II

Please refer to Board Procedure G-130 for information related to this form. Must be submitted to Director of Schools no later than fifteen (15) days after notification of the decision in Step I. Send via mail, email to superintendent@knoxschools.org or deliver to AJ Building, 1st floor.

Name of Grievant: _____

Teacher License Number: _____ Email: _____

School/Position: _____

Name of Evaluator: _____

Date Data Received: _____ School Year: _____

Grievance: Identify the inaccurate data or describe the procedural error that occurred as part of your evaluation. How did this materially affect or compromise evaluation results?

(Attach observation reports, data reports, and additional sheets or documentation as needed.)

Corrective action request: _____

Signature of Grievant: _____

To be completed by the Director of Schools or Designee

Date Received: _____ Grievance Decision: Confirmed Denied

Corrective action taken: _____

Signature of Director of Schools/Designee: _____

Date Grievant notified: _____