

KNOX COUNTY SCHOOLS

Evaluation Grievance Form – Step III

Please refer to Board Procedure G-130 for information related to this form. Must be submitted to Board of Education no later than fifteen (15) days after notification of the decision in Step II. Send via mail, email to terri.coatney@knoxschools.org or deliver to UTT, 6th 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 Board of Education

Date Received: _____ Step II Decision : Affirmed _____ Overturned _____

Corrective action taken: _____

Signature of Board Chair: _____

Date Grievant notified: _____