

Evaluation Appeals Hearing Request Form

I, _____, have been evaluated by
_____ during the current school year Evaluation cycle.

My disagreement with the findings of the summative evaluation has been thoroughly discussed with my evaluator. I respectfully request the Somerset Independent School District Evaluation Appeals Committee to hear my appeal.

My appeal challenges the summative findings on:

_____ Substance

_____ Procedure

_____ Both Substance and Procedure

The date of the summative conference was _____.

The date the evaluator was notified of my intent to appeal was _____.

Signature: _____

Date: _____

This form shall be presented in person or by mail to the Somerset Independent School District Evaluation Contact within five (5) working days of the summative conference as stipulated in the District Evaluation Plan.