

Cobb County School District Performance Evaluation Appeal Form for Certified Staff

(Refer to Performance Evaluation Appeal Instructions for additional information.)

I. IDENTIFICATION

Name _____ SSN _____ Current Date _____

School/Department _____ Date of Annual Evaluation Conference _____

Name of Principal/Supervisor _____ Name of Evaluator _____

Position of Evaluator _____

II. EVALUATION COMPONENT(S) BEING APPEALED – Check as applicable.

Rating on one or more Performance Standard(s) (PS): PS "A" PS "B" PS "C" PS "D"

Rating on one or more Duties and Responsibilities: # 1 # 2 # 3 # 4 # 5 # 6 # 7 # 8 # 9 # 10 # 11 # 12

Overall Annual Evaluation Rating

III. BASIS FOR APPEAL – Check one or both, as applicable.

Evaluator failed to follow District Rules and procedures regarding performance evaluation.

Evaluator was unaware of significant information when making the evaluation.

IV. EVIDENCE – Narrative account of evidence as indicated by checkmark(s) in Section III. Additional paper may be attached.

Evaluator failed to follow District Rules and procedures regarding performance evaluation.

Evaluator was unaware of significant information when making the evaluation.

V. SIGNATURE

Employee _____ Date _____

Provide original of this evaluation appeal document to your Principal/Supervisor within 10 school days of your annual evaluation conference.
See Performance Evaluation Appeal Instructions (EMWeb) for additional information.