Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator/Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date concern was received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Statement of concern with the specific area of rubric identified:

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1. The source of the concern:

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Teacher has the opportunity to meet with the evaluator for the purpose of expressing your perspective and/or providing additional details. The evaluator will be monitoring / investigating the concern and will provide verification to the teacher, no later than

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (30 school days from notification).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Teacher\* Date

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Signature of Evaluator Date

\*Signature of teacher indicates receipt of document, not agreement with its contents.