

## **APPENDIX 2 - Performance Evaluation Rating Appeals Process 2014-2015 School Year**

1. A non-probationary teacher (“Teacher”) may appeal an overall performance evaluation rating of ineffective or partially effective.
2. A Teacher who objects to an ineffective or partially effective rating may file an appeal within five (5) business days after receiving his or her rating. The appeal shall be submitted in writing to the Teacher’s Evaluator.
3. A Teacher filing an appeal must include all grounds for the appeal within a single written document. Any grounds not raised at the time the written appeal is filed shall be deemed waived. All appeals must be in writing on forms provided by the District. Copies of the forms are posted on the District website under Human Resources/Employee Resources.
4. The grounds for an appeal shall be limited to the following:
  - a. The Evaluator did not follow evaluation procedures that adhere to the requirements of state statute or District policy and that failure had a material impact of the final performance evaluation rating (e.g., an observation was never completed) and/or
  - b. The data relied upon was inaccurately attributed to the Teacher (e.g., data included in the evaluation was from students for whom the Teacher was not responsible).
5. The burden of proof shall be on the Teacher to demonstrate that a rating of effective was appropriate.
6. The Evaluator will review the Teacher’s evidence and determine if it warrants a decision to uphold or modify the evaluation rating. The Evaluator will communicate his or her decision in writing within five (5) business days after receiving an appeal.
7. If a Teacher is not satisfied with the Evaluator’s decision, he or she may file a second- level appeal within five (5) business days after receiving the Evaluator’s decision.
8. If the Evaluator is the Teacher’s Principal, the second-level appeal will be conducted by a Review Panel, comprised of teachers and administrators that were not directly involved in the evaluation process for the appealing Teacher, with no more than six (6) panel members total.

9. If the Evaluator is someone other than the Teacher's Principal then the second-level appeal will be conducted by the Teacher's Principal. The Principal will communicate his or her decision in writing within five (5) business days after receiving an appeal. If the Teacher is not satisfied with the Principal's decision, he or she may file a final appeal within five (5) business days after receiving the Principal's decision to the Review Panel.
10. The appealing Teacher will be given the opportunity to address and provide evidence to the Review Panel in writing or in person. The Review Panel may invite the Teacher or the Teacher's Evaluator to present in writing or in person where clarification is necessary.
11. In order to overturn a rating of ineffective or partially effective, the Review Panel must unanimously find that the rating of ineffective or partially effective was inaccurate.
12. Any documents and/or proceedings related to the appeals process shall be confidential. The appeals process shall not be conducted in a public forum.
13. The decision of the Review Panel will be final. The appeals process shall conclude no more than ninety (90) calendar days after the Teacher receives his or her rating. The time requirements described herein may be waived, by mutual agreement of both the Teacher and the District.
14. This appeals process is effective for the 2014-15 school year and may be subject to change based on future legal requirements and CDE guidance.



## APPENDIX 2A - Appeal Form for Certified Staff Performance Evaluation

### I. EMPLOYEE INFORMATION

Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Position \_\_\_\_\_ School/Dept: \_\_\_\_\_

Date of Appeal: \_\_\_\_\_ Date of Summative Conference: \_\_\_\_\_

Name/Title of Evaluator: \_\_\_\_\_

Name of Principal (if Principal is not the Evaluator): \_\_\_\_\_

### II. OVERALL RATING BEING APPEALED

Partially effective

Ineffective

### III. BASIS FOR APPEAL

Evaluator did not follow District performance evaluation procedures and that failure had a material impact on my final evaluation rating.

**IV. EVIDENCE - Narrative account of evidence to support an effective rating** (additional paper/documentation may be attached).

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Provide original of this appeal form to your Evaluator within 5 business days of your summative evaluation conference and a copy to Human Resources.



## APPENDIX 2B – Evaluator/Principal Decision Performance Evaluation Appeal

### I. EMPLOYEE INFORMATION

Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Position \_\_\_\_\_ School/Dept: \_\_\_\_\_

Date of Appeal: \_\_\_\_\_ Date of Summative Conference: \_\_\_\_\_

### II. DECISION OF EVALUATOR/PRINCIPAL

Uphold Evaluation Rating       Change Evaluation Rating to \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Evaluator/Principal Signature

\_\_\_\_\_  
Date

### III. EMPLOYEE APPEAL RIGHTS

- I do not appeal this decision.
- I appeal this decision to my Principal
- I appeal this decision to the Review Panel

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

If you wish to appeal to the next level, provide original of this form to your Principal within 5 business days of receiving this decision and a copy to Human Resources.

## APPENDIX 2C - Review Panel Decision Performance Evaluation Appeal

### I. EMPLOYEE INFORMATION

Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Position \_\_\_\_\_ School/Dept: \_\_\_\_\_

Date of Appeal: \_\_\_\_\_ Date of Evaluator/Principal Decision: \_\_\_\_\_

### II. FINAL DECISION OF REVIEW PANEL

Uphold Evaluation Rating       Change Evaluation Rating to \_\_\_\_\_

Signatures of Review Panel Members:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Distribution of Copies: Original to Human Resources, Copy to Employee, Copy to Evaluator/Principal