Notice of Evaluator

Certified Employee _____

In accordance with District Policy No. 4117, _____ has been selected to conduct your evaluation for the current school year. Please indicate your approval by signing this form. If an alternative evaluator is preferred, please notify your supervisor within five working days after receipt of this notice.

_____

Evaluator Signature Date

_____

Certified Employee Signature Date

Approved: 7/1/99
Revised: 1/27/11
Effective: 7/1/11