



EXCLUSION REQUEST

Request for exclusion from calculations of student growth goal for the purposes of teacher evaluation.

Building of Primary Teacher Assignment:

Evaluating Administrator:

Teacher Name:

Student Name:

Student Grade:

Reason this student should be excluded:

Teacher Signature: _____

Date: _____

Evaluating Administrator Signature: _____

Date: _____

Approved ___ Denied___

Superintendent Signature: _____

Date: _____

Approved ___ Denied___