Georgia Media Specialist Duties and Responsibilities Instrument

Notification and Documentation Record

Media Specialist's Name/ID #: _____ **School Year:** _____

Evaluator's Name/ID#: _____ **Location:** _____

Deficient Area from Georgia Media Specialist Duties and Responsibilities Instrument:

Relevant Information (subject of concern, people involved, date, time, and place):

Recommendations (action required and time frame for correction):

Conference Record (date, time, place, and summary):

Signatures:

(Evaluator) (Title) (Date)

(Media Specialist) (Date)

(School Principal if other than evaluator) (Date)

(Signature acknowledges receipt of form, not necessarily concurrence. Written comments may be provided and/or attached. If comments are attached, initial and date here. _____)