Original – Evaluations Office
Copy - Evaluator **Copy -** Evaluatee

CONFIDENTIAL

NOTIFICATION AND DOCUMENTATION RECORD

ANNUAL EVALUATION PROGRAM: ☐ TKES ☐ GLEI ☐ Other _____

Evaluatee: _____ID#:_____ School:_____

Date: _____

Deficient Area (*list specifically the standard or procedure*):

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

Action(s) Required (include time frame for correction):

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

(Signatures) **Evaluator:**_____ **Date:**_____

Evaluator ID number : _____

Evaluatee:_____ **Date:**_____

(Evaluatee's signature acknowledges receipt of form, not necessarily concurrence. Written comments may be provided below and/or attached to the evaluator's copy. Initial and date here if comments are attached. _____)

Evaluatee's Comments:_____