

LaSalle/Putnam County Educational Alliance for Special Education

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L.E.A.S.E. TEACHER EVALUATION REQUEST FORM

(Please use a separate form for each L.E.A.S.E. staff person requested.)

I would like the following special education staff to be evaluated by

(Name of L.E.A.S.E. Staff Person)

Name	# of Observations Requested

This is a formal request for personnel evaluation services from L.E.A.S.E.

The appropriate L.E.A.S.E. staff member should contact

(Name of Local District Administrator)

from my school district in order to set up an evaluation schedule and to discuss any other information pertinent to the evaluation process. Thank you.

Date of Request

Signature of District Superintendent

(I understand the electronic submission of this form by e-mail is the equivalent of my signature)

School District Name & Number

COMMENTS:

Submit by Email

Print Form