



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 |
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This is a formal request for personnel evaluation services from L.E.A.S.E. The appropriate L.E.A.S.E. staff member named above should contact _____ from my school
(Name of Local District Administrator)
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

School District Name & Number

COMMENTS: _____

