



***LaSalle/Putnam County Educational Alliance for Special Education***

1009 Boyce Memorial Drive, Ottawa, Illinois 61350

**Mary Jane Chapman, Executive Director**

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

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

**(Please use a separate form for each L.E.A.S.E. staff person 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 named above should contact \_\_\_\_\_ of 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

\_\_\_\_\_  
School District Name & Number

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_