Verification of Concern Form

NAME: _____ SCHOOL: _____

GRADE LEVEL: _____ SUBJECT(S): _____ CURRENT TRACK: _____

SUPERVISOR: _____ DATE: _____

ORIGINAL CONCERN NOTIFICATION DATE: _____

PROPOSED CONCERN CONFERENCE DATE: _____ AND TIME: _____

As per the Raymond School District Educator Effectiveness Plan, this document is notifying you that a concern regarding your job performance has been investigated by your administrative supervisor. The outcome of that investigation is that the issue has been:

□ determined to NOT be a concern □ determined to be a concern

If the issue HAS been determined to be a concern, the administrative supervisor will schedule a Concerns Conference with the educator within seven (7) school days of the verification. At any point after the verification of the concern, the faculty member has the option to formulate a written response to that concern for inclusion in the personnel file.

Area(s) of Concern/Domain Component(s):

Source(s) of Concern(s):

_____ _____
Educator Signature Date

_____ _____
Administrator Signature Date

The signature of the educator does not signify agreement or disagreement with the content of this Verification of Concern form, but only that he/she has seen it and it has been reviewed with the administrator.

–

**** As per the Raymond School District Educator Effectiveness Plan, the employee may request representation and/or witnesses to participate in a meeting, given at least one school days' notice to the administrative supervisor.***