

**OHIO COUNTY SCHOOL DISTRICT
APPEALS PANEL HEARING REQUEST FORM**

I _____, have been evaluated by
_____ during the current evaluative cycle. My disagree-
ment with the findings of the summative has been thoroughly discussed with my evaluator.

I respectfully request the Ohio County School District Evaluation Appeals Panel to hear my appeal.

This appeal challenges the summative findings on:

_____ substance

_____ procedure

_____ both substance and procedure

Signature

Date

Date of Summative Conference _____

Date evaluator notified of intent to appeal _____

This form shall be presented in person or by certified mail to any member of the appeals panel within five (5) working days of completion of the summative conference