Evaluation Grievance Procedure
For Coffee County Schools

Administrative Rules, Regulations, Guidelines and Procedures

Per Tennessee Code Annotated §49-1-302 principals and teachers may challenge the following relative to evaluations:

- Accuracy of the data- Evaluation data must be linked correctly to the right teacher. This does not mean that educators can grieve a disagreement of a score or the formula used to determine the score.
- Adherence to the evaluation policies adopted by the State Board of Education- Educators may grieve procedural errors that could materially affect or comprise the integrity of the evaluation results. This includes not having met the minimum number of required observations for each domain or not having pre- and post-conferences.

Examples of items that principals and teachers may not challenge include, but are not limited to, the following:

- The final score of the summative evaluation or the score of any of its components.
- Minor procedural errors in implementing the evaluation model that do not materially affect or compromise the integrity of the evaluation results.

Grievance forms will be on system's website under Human Resources/forms and in the office of Human Resource.

The following steps shall be followed when grievances are filed under this procedure:

Step I –Grievance reviewed by the evaluator

- A written grievance MUST be submitted to the evaluator no later than fifteen (15) days from the date teachers and principals receive the results from each component:
  - Qualitative appraisal, or the final average observation score
  - Student growth measures
  - Other measures of student achievement

If not submitted within the applicable time, the grievance will be considered untimely and invalid.

- The following components are required in each grievance filed:
  - Teacher or principal name, position, school and additional title, if any
  - Name of immediate supervisor
  - Name of evaluator/reviewer
  - Date the challenged summative evaluation was received
  - Evaluation period in question
  - Basis for the grievance, including specifics about the inaccurate data that was used or the procedural error that occurred as part of your evaluation and how this materially affected or comprised your evaluation
  - Correction action desired by the grievant
  - Sufficient facts or other information to begin an investigation

- Failure to state specific reasons will result in the grievance being considered invalid.
• After receiving the grievance the evaluator shall:
  o Examine the documentation presented by the grievant and such other documentation as may be relevant and available (Investigation and fact finding)
  o Communicate a decision, in writing, to the grievant within fifteen (15) days of receipt of the grievance
  o To allow disputes to be resolved at the lowest level possible, the evaluator may take any action necessary, based on the circumstances, to immediately correct any procedural errors made in the evaluation process.

**Step II**-Grievance reviewed by the Director of Schools or his/her designee who shall have had no input or involvement in the evaluation for which the grievance has been filed.

• A written grievance and a copy of the decision rendered at Step I must be submitted by the grievant to the Director of Schools no later than fifteen (15) days of receipt of the decision rendered in Step I. A designee may not be used if the grievant is a principal.

• After receiving the grievance the Director of Schools or his/her designee will:
  o Hold informal discussion with the grievant
  o Hear facts, allegation and testimony by appropriate witness as practical
  o Communicate a decision, in writing, to the grievant within fifteen (15) days of the discussion with the grievant
  o To allow disputes to be resolved at the lowest level possible, the Director of Schools may take any action necessary, based on the circumstances, to immediately correct any procedural errors made in the evaluation process.

**Step III**-Grievance reviewed by the Board of Education

• Teachers and principals may request a hearing before the Board of Education by submitting a written grievance and all relevant documentation to the Board of Education within fifteen (15) days of the receipt of the decision rendered in Step II.

• After receiving the grievance and reviewing the record, the Board may:
  o Grant or deny a request for a full Board hearing
  o Affirm or overturn the decision of the Director of Schools with or without a hearing before the Board

• If a full Board hearing is granted, the Board will:
  o Hold such hearing no later than fifteen (15) days after the receipt of a request for a hearing
  o Give written notice of the time and place of the hearing to the grievant, Director of Schools and all administrators involved
  o Communicate its decision, in writing, to all parties no later than thirty (30) days after the conclusion of the hearing

• The Board of Education shall serve as the final step for all grievances

Coffee County Board of Education

Evaluation Grievance Form – Step I

This form is to be completed by the grievant and submitted to the evaluator no later than fifteen (15) days following the summative evaluation.

Name of Grievant: ____________________________________________________________________________________

School: __________________________ Assignment: __________________________________________________________

Name of Evaluator: __________________________ Evaluation period: __________________________

Basis for the grievance: Identify the inaccurate data that was used or describe the procedural error that occurred as part of your evaluation. How did this materially affect or comprise your evaluation?
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

(Attach additional sheets or documentation as needed)

Corrective action desired: __________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Signature of grievant: ___________________________________________________________________________

To be completed by the Evaluator

Date received: ________________________ Grievance Disposition: Confirmed _______ Denied _______

Corrective action taken: _________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Signature of evaluator: __________________________ Date grievant notified: ___________________________
Coffee County Board of Education

Evaluation Grievance Form – Step I

This form is to be completed by the grievant and submitted to the Director of Schools no later than fifteen (15) days following the receipt of the evaluator’s decision in Step I.

Name of Grievant__________________________________________________________

School: __________________________ Assignment: __________________________

Name of Evaluator: ________________________ Evaluation period: ____________________

Date Step I decision received: ____________________________________________

Basis for the grievance: Identify the inaccurate data that was used or describe the procedural error that occurred as part of your evaluation. How did this materially affect or compromise your evaluation?

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

(Attach additional sheets or documentation as needed)

Corrective action desired: __________________________________________________

____________________________________________________________________________________________________________

Signature of grievant: _____________________________________________________

To be completed by the Director of Schools or his/her designee

Date received: __________________________ Grievance Disposition: Confirmed _____ Denied _____

Corrective action taken: __________________________________________________

____________________________________________________________________________________________________________

Signature of Director of Schools or his/her designee: ________________________________

Date grievant notified: _______________________


Coffee County Board of Education

Evaluation Grievance Form – Step III

This form is to be completed by the grievant and submitted to the Board of Education no later than fifteen (15) days following the receipt of the Director’s decision.

Name of Grievant___________________________________________________________________________________

School: ________________________________________________ Assignment: ______________________________________

Name of Evaluator: _____________________________ Evaluation period: ___________________________

Date Director’s decision received: __________________________________________________________________

Basis for the grievance: Identify the inaccurate data that was used or describe the procedural error that occurred as part of your evaluation. How did this materially affect or comprise your evaluation?
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

(Attach additional sheets or documentation as needed)

Corrective action desired: __________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

Signature of grievant: ______________________________________________________________________________________

To be completed by the Board of Education

Date received: _______________________________  Director’s decision: Affirmed____ Overturned____

Full Board hearing granted:  No_____  Yes_____, and set for _______________ (Date and Time)

Other corrective action taken: ______________________________________________________________________________
____________________________________________________________________________________________________________

Signature of Board Chair: ____________________________  Date grievant notified: _______________________________