



Request for 5-Year Evaluation Cycle

Name _____

School _____ Assignment _____

Date of last evaluation _____

Pursuant to the STA Collective Bargaining Agreement, Section 15.1, this request for placement on a 5-year evaluation cycle is based on the following criteria (please check boxes to confirm):

- Tenured
- 20+ years of experience with SUSD
- Previous evaluation rated as meeting or exceeding standards
- Highly qualified as defined in 20 U.S.C. Sec.7801 (NCLB Compliant)

Our signatures indicate that we are in agreement to this evaluation cycle, and we understand that the certificated employee or the evaluator may withdraw consent at any time. In addition, we understand that any changes to current statutory language would make this agreement null and void (effective July 1, 2004).

Due two (2) weeks prior to 1st observation.

Teacher's Signature

Date

Evaluator's Signature

Date

Please submit completed request to Human Resources Department.