

Procedures to Request the Review of IPEGS Ratings for Performance Standards 2-7 (Instructional Support)

1. The professional and the evaluator hold the provisional Summative Performance Evaluation (SPE) meeting as prescribed in the IPEGS Procedural Handbook. (IPEGS standing procedure)
2. If, after the provisional SPE meeting discussion, the professional feels there is additional evidence meriting an adjustment to his/her rating on a particular standard, s/he can provide supplemental documentation to the provisional SPE as per the IPEGS standing procedures.
3. The site administrator will review the supplemental documentation for its impact on the particular rating(s) under review and adjust, if merited (IPEGS standing procedure) no later than the last day of the school year for professionals.

To participate in the Review Process, ALL documents are due by 4:30 p.m. five (5) working days after the employee's work year is over.

4. Following this review, if the professional disagrees, s/he may request a review of a maximum of three (3) standards per evaluation year in the following manner:
 - The professional must assemble and submit supporting documents along with the Request to Review IPEGS Performance Standards Rating(s) Form. As part of this documentation packet, a copy of the signed and dated provisional SPE form **MUST** be included.
 - The Request to Review IPEGS Performance Standards Rating(s) Form, SPE form, and all supporting documents must be submitted to the site administrator/designee. Each page of the documentation packet submitted must be initialed and dated by both the site administrator/designee and the professional. A total page count, inclusive of the Request to Review IPEGS Rating(s) Form and the signed and dated provisional SPE form, must be included on the Request to Review IPEGS Performance Standards Rating(s) Form. A copy of the submitted packet, inclusive of signature(s), dates, and initials will be provided to the professional at the time of submission. When sent electronically, the documents must be in Portable Document Format (PDF) and sent to the principal via official M-DCPS email address with a return receipt notification.
 - Upon submission, with signatures/initials and dates, nothing may be added or removed from the Request to Review IPEGS Performance Standards Rating(s) Form documentation packet. If submitted electronically, the return receipt notice timestamp will be used in lieu of the signatures/initials, dates, and page count in the submitted documentation packet.
5. Upon receipt of the Final Summative Performance Evaluation Rating, inclusive of Performance Standard 1: Learner Progress, if a Request to Review IPEGS Performance Standards Rating(s) has the potential to change the Final Summative Performance Evaluation Rating, the process will move forward in the following manner and **all meetings will be scheduled expeditiously by mutual agreement:**
 - **Level I:** The site administrator, an additional administrator, the professional, and a representative meet to formally review and discuss the documents included in the Request to Review IPEGS Performance Standards Rating(s) Form documentation packet.
 - Within seven (7) calendar days of the meeting with the professional, the site administrator makes a determination and notifies the professional via email, with a *Return Receipt Request* of the outcome.
 - Within seven (7) calendar days of receiving the outcome via email, if the professional decides to move to Level II, s/he must inform the principal/designee of the intent to move to Level II via email with a *Return Receipt Request*.
 - Within seven (7) calendar days of receiving the professional's email indicating the intent to move to a Level II, the principal/designee will move the documentation packet, including the Request to Review IPEGS Performance Standard(s) Rating(s) Form with the completed Level I resolution to the Region Superintendent/designee.
 - **Level II:** The Request to Review IPEGS Performance Standards Rating(s) Form documentation packet is reviewed at the Region with the professional and up to two representatives.
 - Within seven (7) calendar days of this review, the Region Superintendent/designee and site administrator will confer to determine the outcome and notify the professional via email, with a *Read Receipt Request*.
 - Within seven (7) calendar days of receiving the outcome via email, if the professional decides to move to Level III, s/he must inform the principal/designee of the intent to move to Level III via email with a *Return Receipt Request*.
 - Within seven (7) calendar days of receiving the professional's email indicating the intent to move to a Level III, the principal/designee will move the documentation packet, including the Request to Review IPEGS Performance Standards Rating(s) Form with the completed Level II resolution to the Deputy Superintendent/Chief Operating Officer School Operations/designee.
 - **Level III:** The Request to Review IPEGS Performance Standards Rating(s) Form documentation packet is reviewed by the Deputy Superintendent/Chief Operating Officer School Operations/designee, the professional with up to two representatives.
 - Within seven (7) calendar days of receiving the Deputy Superintendent/Chief Operating Officer's recommendation, the principal/designee will notify the professional of the recommendation and outcome via email with a *Return Receipt Request*.

The professional may not be represented by an attorney at any level of the review process.

The professional may withdraw the request at any point in the review process.

Note 1: Any professional documented under the 90 calendar day performance process for the year being considered for review is not eligible for the IPEGS Request to Review IPEGS Performance Standards Rating(s) process.

Note 2: The IPEGS review process will only be available to an employee if changing the rating will impact the employee's final rating. The IPEGS review process will not be subject to arbitration.

Request to Review IPEGS Performance Standard Rating(s) Form Instructional Support

Name: _____ Employee Number: _____

Directions for Instructional Support Personnel:

Complete this form to request a review of the IPEGS Standards 2-7 ratings. Check the IPEGS Performance Standard (PS) for which you are requesting review. One form must be completed for each standard under review. Provide a narrative and supporting evidence for the performance standard rating you would like reviewed. **This form and all supporting evidence must be submitted by 4:30 p.m. five (5) working days after the employee's work year is over.** The completed provisional IPEGS Summative Performance Evaluation form must be included with this documentation. Upon submission of the documents, no additional evidence may be included. The principal/site administrator/designee and the professional must initial each page that is included with this form. If submitted electronically, it is understood that the Return Receipt Request timestamp will be used in lieu of signatures/initials, dates, and page count in the submitted documentation packet.

- | | |
|---|---|
| <input type="checkbox"/> PS 2: Knowledge of Learners | <input type="checkbox"/> PS 5: Assessment |
| <input type="checkbox"/> PS 3: Program Management | <input type="checkbox"/> PS 6: Communication |
| <input type="checkbox"/> PS 4: Program Delivery | <input type="checkbox"/> PS 7: Professionalism |

Upon receipt of the Final Summative Performance Evaluation Rating, inclusive of Performance Standard 1: Learner Progress, if a Request to Review IPEGS Rating(s) has the potential to change the Final Summative Performance Evaluation Rating the review process will begin. The professional may withdraw the request at any point in the review process.

Explain why you are requesting the rating for this IPEGS Performance Standard (PS) to be reviewed.	Current PS Rating and Points	Requested PS Rating and Points
	<input type="checkbox"/> E _____ <input type="checkbox"/> D _____ <input type="checkbox"/> NI _____ <input type="checkbox"/> U _____	<input type="checkbox"/> HE _____ <input type="checkbox"/> E _____ <input type="checkbox"/> D _____ <input type="checkbox"/> NI _____
Requested Adjustment in Points: _____		

List supporting evidence/artifacts to be considered for the review (include all attachments to this form).

Total number of pages submitted (including this form): _____ (Each page **MUST** be initialed and dated by the professional and site administrator/designee)

Submitted by: _____ Date: _____ Received by: _____ Date: _____

This section of the form will be used only if, after receipt of the Final Summative Performance Evaluation Rating, the Request for Review has the potential to change the Final Summative Performance Evaluation Rating.

Review	*Initials (indicate meeting was held)		Meeting Date	Resolution/Outcome	Date
	Professional/ Representative	M-DCPS Administrator			
<input type="checkbox"/> Level I					
<input type="checkbox"/> Level II					
<input type="checkbox"/> Level III					

_____ Date _____
 Professional's Signature Date Principal/Site Administrator/Designee's Signature Date