



CANUTILLO INDEPENDENT SCHOOL DISTRICT

APPEAL REQUEST LETTER

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| TEACHER NAME: | DATE OF LESSON: |
| CONTENT OBSERVED: | TIME OBSERVED: |
| NAME OF APPRAISER: | GRADE LEVEL: |

APPEAL LETTER MUST CONTAIN INFORMATION AS EXPRESSED WITHIN THE T-TESS RUBRIC

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| SPECIFIC NATURE OF DISCREPANCY : |
| EVIDENCE TO SUPPORT PERFORMANCE LEVEL : |
| (Attach any evidence if needed) |
| STATEMENT OF EXPECTED PERFORMANCE LEVEL: |

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|----------------------|-----------------|
| TEACHER SIGNATURE: | DATE SUBMITTED: |
| APPRAISER SIGNATURE: | DATE RECEIVED : |