



CANUTILLO INDEPENDENT SCHOOL DISTRICT

APPEAL REQUEST LETTER

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

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

TEACHER SIGNATURE:	DATE SUBMITTED:
APPRAISER SIGNATURE:	DATE RECEIVED :