



ANTHONY 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

<p>SPECIFIC NATURE OF DISCREPANCY:</p> <p>X X X X</p>
<p>EVIDENCE TO SUPPORT PERFORMANCE LEVEL:</p> <p>X X X X</p> <p>(Attach any evidence if needed)</p>
<p>STATEMENT OF EXPECTED PERFORMANCE LEVEL:</p>

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

(Appraiser will respond with a justification memo within 5 working days.)