

I agree to waive my formal T-TESS appraisal for the ______ school year. I understand that the appraiser(s) will conduct a minimum of two walkthrough observations. If concerns are noted, a professional performance plan may be implemented. The appraiser may also complete a 45-minute formal observation documented on the T-TESS form as part of the professional improvement plan. I am responsible for completing the Goal Setting and Professional Development Plan/Document and will participate in an end of year conference.

I have received and understand the teacher appraisal procedures for the ______ school year.

Teacher Signature

Date

Administrator (Appraiser) Signature

Date