

**Mission Consolidated Independent School District  
TEACHER ANNUAL EVALUATION WAIVER REQUEST FORM**

Teacher Name: \_\_\_\_\_

Campus: \_\_\_\_\_

Grade Level/Assignment \_\_\_\_\_

Last Complete T-TESS Appraisal (NOT Alternative Appraisal) School Year: \_\_\_\_\_

\*\*\* COPY OF APPRAISAL MUST BE ATTACHED\*\*\*

I am requesting to waive my annual appraisal for the \_\_\_\_\_ School Year based upon the fact that I meet all of the following criteria.

Type of Waiver: ☐ 1<sup>st</sup> Year of 2-Year Waiver ☐ 2<sup>nd</sup> Year of 2-Year Waiver

*(Please check all related criteria that are applicable to you.)*

- \_\_\_\_\_ 1. Appraised under the T-TESS Appraisal System during the last school year  
*Criteria #1 is not applicable to second year qualifying waive requests*
- \_\_\_\_\_ 2. Employed as a Teacher with Mission CISD during the last 3 years
- \_\_\_\_\_ 3. Not a new teacher to campus of which I am requesting a waiver
- \_\_\_\_\_ 4. Currently employed under a Term Contract
- \_\_\_\_\_ 5. Fully certified by SBEC (not on teaching permit, excluding a permit required due to a District-mandated assignment)
- \_\_\_\_\_ 6. Teaching in area of certification
- \_\_\_\_\_ 7. Received a rating of at least proficient on all seventeen dimensions including SLO and did not identify any area of deficiency during the previous appraisal  
*(Qualifies for a 2 year waiver, but must apply each year)*
- \_\_\_\_\_ 8. Not being supervised by a New Campus Principal

I understand that during any school year when a complete appraisal under the Texas Teacher Evaluation Support System (T-TESS) is not scheduled, either the teacher or the principal MAY require that an appraisal be conducted by providing written notice to the other party.

I understand that I am required to participate in the Goal-Setting and Professional Development Plan process, the performance of students, and the following year's Goal-Setting and Professional Development plan.

I understand that the principal/supervisor will continue to conduct walkthroughs and informal observations.

I understand that an alternative annual review process, which will produce a written document, will be presented to me, signed by my supervisor and me, and maintained in my personnel file.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's Signature

Approved      Denied

\_\_\_\_\_  
Date

Reason for Denial\_\_ *Revised 8/06/2020*