

PARENT REQUEST FORM

Annual Professional Performance Review - (APPR) Total Composite Score

Please Note:

- This form must be complete in order to request the final rating and composite score for your child's teacher(s) and/or principal.
- The teacher(s) and/or principal for whom scores are requested must be providing instruction/principal of your child's school for the current school year.
- An appeal of the APPR by the teacher/principal will delay providing this information until such time as the appeal is concluded.
- Return one completed form per student to the Main Office.
- Scores are delivered to parents/guardians in face-to -face meetings only. An appointment will be scheduled.

Student Name: _____ Grade _____

Parent/Guardian Name: _____

Address: _____

Phone Number: _____ Email _____

Name(s) of teachers/principals being requested: _____

_____	_____
_____	_____
_____	_____
_____	_____

- I understand that I am making this request as the current parent/guardian of my child listed above, for the composite score and rating for my child's current teacher as stated above. (In accordance with Education Law Section 3012-c)
- I understand that all other teacher/principal-specific evaluation information (e.g.: subcomponent scores, APPR forms, documentation, rubric scores, notes for 60 percent "Other Measures," etc.) are confidential and not subject to disclosure.
- I certify that I am requesting this information for my own personal interest and understand that the information is confidential.

_____	_____
Signature of Parent/Guardian	Date

FOR OFFICE USE ONLY: Scores Delivered in Person ONLY, ID checked, and parent/guardianship verified.

Type of ID Provided _____ Copy of ID attached to Form i yes / no

Appointment scheduled with _____ Date/Time _____

In accordance with Education Law §3012-c, I have made reasonable efforts to verify this request is a bona fide request by a parent or guardian.

Administrator Signature: _____ Date: _____