South Colonie Central School District

Request for Principal Overall Composite Score and Effectiveness Rating

Date: _____________________________

Requesting Parent/Guardian: _____________________________

Child’s Name: _____________________________

Child’s Current School: _____________________________

Name of Teacher(s) or Principal for whom scores are being requested: _____________________________

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 in concluded.
• You may request to receive the final rating and composite score for your child’s teacher(s) and/or principal, as well as an explanation of such ratings, either through a meeting or in the mail to the student’s address of record. Please indicate how you would like to receive this information:
  o Meeting
  o Mail to the student’s address of record

Parent Statement of Understanding:

As the parent or legal guardian of a child in the South Colonie Central School District, I understand that I have the right to obtain information related to the Annual Professional Performance Review consisting of the final rating and composite score for my child’s teacher(s) and/or principal.

Signature of Parent/Guardian: _____________________________________ Date: ______________

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Internal Use Only

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

Signature of Administrator: _______________________________________ Date: ______________

Meeting Scheduled: ______________________  Score Mailed: ___________________________