

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 is 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:
 - Meeting
 - 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: _____

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: _____