DISCLOSURE OF APPR SCORES TO PARENTS

REQUEST FORM FOR COMPOSITE EFFECTIVENESS SCORE AND RATING FOR TEACHER OR PRINCIPAL

I. BACKGROUND INFORMATION

New York State law allows parents and legal guardians of a student to request the effectiveness composite score and final quality rating of each classroom teacher and principal to which the student is assigned for the **current school year only.** By law only the overall composite score (0-100) and quality rating (Highly Effective, Effective, Developing, and Ineffective) may be provided.

II. REQUEST FOR INFORMATION PROCESS

To request this information about your child's current teacher or principal please complete this request form and mail it, e-mail it, or bring it to:

Mary Anne Iritiz, Principal
PO Box 732 6011 Williams Road
Munnsville, NY 13409

This information will only be provided through the use of a district form and the district's request process.

** Separate requests should be filed for each individual child. **

III. BACKGROUND INFORMATION

A. STUDENT INFORMATION

Student's Name: _____

Student's Address: _____

Student's Date of Birth: _____
Student's ID Number (if known): _____

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B. PARENT AND/OR LEGAL GUARDIAN INFORMATION

Name of Parent or Legal Guardian: _____

Parent or Legal Guardian's Permanent Address: _____
_____

Phone Number You May Be Reached at during a School Day:_____

Relationship to Child:_____

Are You the Parent or Legal Guardian Currently on Record with the _____School District for this Child? _____ Yes _____No
If not, please explain your relationship with the child:_____
_____
_____

C. TEACHER AND/OR PRINCIPAL INFORMATION REQUESTED

Name (s) of Teacher(s) or Principal(s) and School for whom final quality rating and composite effectiveness is (are) requested:

(1) _____
(2) _____
(3) _____
(4) _____
(5) _____
(6) _____

It is the obligation of the school district to verify all information provided in this request. District personnel may request identifying information to support your relationship with the student identified in your request.

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D. AFFIRMATION

I attest that I am the parent or legal guardian of the above-mentioned student and that I understand that the information provided to me relative to my child's teacher(s) and/or principal is intended for my own personal use only.

_____ _____
Signature of Parent or Legal Guardian Date

For School District Use Only

a. Received (date) _____ by (staff name)_____
b. Request verified (date)_____ by (staff name)_____
c. Response mailed (date) _____ by (staff name)_____