Amagansett UFSD Teacher / Principal Composite Effectiveness Score Request

Parent or Legal Guardian Request for Annual Professional Performance Review (APPR) Composite Effectiveness Score and Final Quality Rating for Teacher or Principal

Under New York State law, parents and legal guardians of a student may request the Composite Effectiveness Score (CES) teachers and principals to which the student is assigned for the current school year. Please complete this request form in its entirety and bring it to the school where your child currently resides for processing.

Mailed, faxed or emailed requests will not be accepted. It is the obligation of the school district to verify all information provided in this request.

Student name:	_ Student	Date of Birth:	1
School and grade where student curre	ently attends:		_
Name of parent or legal guardian ma	king request:		_
Address:			
<u> </u>			
Phone number:			
Teacher/ Principal name(s) for whom	n final quality rating	and composite effect	ctiveness is requested:
I affirm that I am the parent or legal guardian of the above information is intended for my own use, only. Signature of Parent or Legal Guardian			
FC	OR DISTRICT USI	E ONLY	
Date Received: by		Appeal Pending	: Y/N
Date Request Verified: by		Date Parent/Gua	ardian Informed:
Date Response Mailed: by			