

Office of Programs and Operations
Pamela J Motler, Assistant Superintendent

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PARENT/GUARDIAN REQUEST FOR TEACHER OR PRINCIPAL OVERALL COMPOSITE SCORE AND RATING

Today's date: _____
Requesting parent/guardian: _____
Parent/guardian address: _____
Parent/guardian phone: _____ email: _____
Child's name: _____
School presently
attending: _____

Name of Teacher or
Principal: _____

I understand the information provided is confidential, for my personal use only and is not to be distributed or shared in any way.

Parent/ Guardian signature

Note: A separate form must be submitted for each request **PLEASE ENCLOSE COPY OF PHOTO ID**

Return to: Ballston Spa Central School District

Pamela Motler
Assistant Superintendent for Programs and Operations
70 Malta Ave
Ballston Spa, NY 12020

Office use only:

Child's schedule checked

Parent/Guardian verified in School Tool

Name of Teacher/Principal: _____ Overall Composite Score (0-100): _____ Overall
Rating: _____ 91-100 Highly Effective

75-90 Effective

65-74 Developing

Pamela Motler

Date

Executive Director of Personnel Management and Development

Mailed

Picked Up