

GREEN ISLAND UNION FREE SCHOOL DISTRICT
REQUEST FOR TEACHER OR PRINCIPAL OVERALL COMPOSITE SCORE
AND EFFECTIVENESS RATING

Date: _____ -

Requesting Parent/Guardian: _____ -

Child's Name: _____

School Presently Attending: _____ -

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, 2013-14.
- 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, by way of a physical meeting or by mail service to the student's address of record. Please indicate how you would like to receive this information:

Physical meeting

Postal mail *service* to the student's address of record

Parent Statement of Understanding

As the parent or legal guardian of a child in the Green Island Union Free 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 _____

For Internal Use Below This Line

171 An appointment is scheduled for: _____ -

171 A score packet will be mailed on: _____ -

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

Signature of Administrator or Designee _____ -

Date _____