Fonda-Fultonville
Central School

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 requesting scores for:

__________________________________________

__________________________________________

__________________________________________

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, by way of a physical meeting with the teacher or principal's direct supervisor.

Parent Statement of Understanding
As the parent or legal guardian of a child in the Fonda-Fultonville Central School District, and in accordance with Education Law §3012-c, I have made reasonable efforts to verify that this request is a bona fide request by a parent or guardian. 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. I also understand, that I will have to produce a photo id, if requested, to obtain these scores.

Signature of Parent/Guardian__________________________ Date__________

Office Use only: Teacher/Principal: ____________________________ Composite Score: ____________________________ Effectiveness Rating: ____________________________