



REQUEST FOR PRINCIPAL OVERALL COMPOSITE SCORE AND EFFECTIVENESS RATING

Date: _____

Requesting Parent/Guardian: _____

Parent/Guardian Phone Number (____) ____-_____

Student's Name: _____

Student's Date of Birth: ___/___/_____

School Presently Attending: _____

Name of 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 principal.
- The principal for whom scores are requested must be providing instruction in your child's school for the current school year.
- An appeal of the APPR by the 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 principal as well as an explanation of such ratings, by way of a physical meeting. Meetings will be scheduled beginning after October 22, 2013. Please return this form by mail or in person to Cohoes CSD Superintendent's Office, 7 Bevan Street, Third floor, Cohoes NY 12047.

Parent Statement of Understanding

As the parent or legal guardian of a child in the Cohoes City 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 principal.

Date _____

Signature of Parent/Guardian _____

BELOW THIS LINE FOR INTERNAL USE ONLY

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 Request Verified _____

An appointment was held on _____

Place parent/guardian identification
(photo ID)
HERE
prior to photocopying
(if necessary to verify identity)