



REQUEST FOR TEACHER 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 Teacher(s) 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).
- The teacher(s) 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 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), 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 your child's building principal.

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 teacher(s).

Signature of Parent/Guardian _____

Date _____

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)