

MENANDS UNION FREE SCHOOL DISTRICT

10/2013

*REQUEST FOR TEACHER OR PRINCIPAL
OVERALL COMPOSITE SCORE AND EFFECTIVENESS RATING*

Date: _____

Requesting Parent/Guardian: _____

Child's Name: _____ Contact #: _____

Name of teacher(s) or principal for whom scores are being requested:

Parent/Guardian Statement of Understanding

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 to or be serving as principal of your child's school for the current school year.
- 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 with the principal or superintendent.
- 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 with the superintendent.

As the parent or legal guardian of a child in the Menands Union Free School District, I understand that I have the right to obtain information related to the Annual Professional Performance Review (APPR) consisting of the final rating and composite score for my child's teacher(s) and/or principal.

Parent/Guardian signature: _____ Date: _____

PARENTS/GUARDIANS: This form may be mailed to Superintendent Dr. Maureen Long at 19 Wards Lane, Menands, NY 12204.

For Internal Use Below This Line

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.

Administrator/Designee Signature

Date

An appointment is scheduled for Date and Time

Individual notified of appointment (Circle one)?: YES NO

**Place parent/guardian
identification (Photo ID)
presented at time of meeting**

HERE

**Prior to photocopying
(if necessary to
verify identity)**