

**QUEENSBURY UNION FREE SCHOOL DISTRICT
REQUEST FOR TEACHER OR PRINCIPAL OVERALL COMPOSITE SCORE
AND EFFECTIVENESS RATING**

One form is required for each child in a family, but all forms may be turned in to one building.

Today's Date	
Parent/Guardian Name	
Parent/Guardian Phone Number	
Child's Name	
School Presently Attending	
Name of Teacher(s) and/or Principal:	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>All teachers are current year for this child.</p> </div>	

**Place parent/guardian identification
(photo ID)
HERE
prior to photocopying**

Notes –Teacher must be providing your child with instruction for current quarter, semester, or school year.

Principal must be the current principal of the school.

An appeal of the APPR by the teacher/principal will delay providing this information until such time as the appeal is concluded.

Parents Statement of Understanding

As the parent or legal guardian of a child in the Queensbury 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. I will respect the privacy of the district employees and not share this information with others, including other parents and/or guardians. If asked, I will encourage others to utilize the established process for accessing APPR ratings and, as a matter of courtesy; I will refrain from sharing this information via any types of social media.

Signature of Parent/Guardian _____

Date _____

Approved by Administrator or Designee _____

Date _____

Parents will be contacted to set up a meeting to received the rating for the teacher(s) and/or principal.