

**GLENS FALLS CITY SCHOOL DISTRICT
REQUEST FOR TEACHER OR PRINCIPAL OVERALL COMPOSITE SCORE
AND EFFECTIVENESS RATING**

Today's Date	
Requesting Parent/Guardian	
Contact Phone Number/Email	
Child's Name	
School Presently Attending	
Name of Teacher or Principal	

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

Notes –

Teacher must be providing instruction for current school year.

Principal must be the current principal of the school this year.

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 Glens Falls 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) 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 _____

Signature of Administrator or Designee _____

Date _____

Date approved: _____

By: _____