

Watervliet City School District
REQUEST FOR TEACHER OR PRINCIPAL OVERALL COMPOSITE SCORE
AND EFFECTIVENESS RATING

Today's Date _____

Requesting Parent/Guardian _____

Child's Name _____

Current Grade _____

Name of Teacher or Principal (1 per request form)

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 Watervliet 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 medial.

Signature of Parent/Guardian _____ Date _____

Signature of Administrator or Designee _____ Date _____

Date approved: _____

By: _____

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