# SAUGERTIES CENTRAL SCHOOL DISTRICT

Call Box A, Saugerties, New York 12477 Telephone: (845) 247-6500

## Parent or Legal Guardian Request of Annual Professional Performance Review (APPR) Effectiveness Score and Rating for Principal or Teacher

Please complete AND sign this request form and mail or hand deliver it to your student's school (for teacher score requests) or to the District Office (for principal score requests):

#### **District Office Address:**

Assistant Superintendent Saugerties Central Schools Call Box A Saugerties, New York 12477

### **Building Address:**

(Enter name of School) Saugerties Central Schools Call Box A Saugerties, New York 12477

Date

Faxed or e-mailed requests will not be accepted.

It is the obligation of the school district to verify all information provided in this request.

whom the request was made. I certify that I am requesting these scores for my own personal interest.

Signature of Parent or Legal Guardian

#### NOTES

- A separate request form MUST be completed for **each** student and **either** a teacher **or** a principal on each form. Feel free to make copies of the form as you find necessary.
- ➤ If your child is in an alternative learning location, (e.g., Ulster BOCES) you must contact that school directly to receive the appropriate Effective Score and Rating Information.
- The School District will not honor requests from parents/legal guardians or students to change the student's assigned teacher(s) and/or building because of a teacher or administrator's APPR score.

Name of parent or legal guardian making request:Address:		
City:		Zip:
<b>Telephone:</b> ()	E-mail:	
Principal OR Teacher name for requested:	1 ,	g and composite effectiveness score is