DeRuyter Central School District Parent or Legal Guardian Request Annual Professional Performance Review (APPR) Effectiveness Score and Rating for Principal OR Teacher

Please complete AND sign this request form and mail it to:

Sandy Welsh, District Clerk DeRuyter Central School District 711 Railroad Street, DeRuyter, NY 13052

Please mail your request; faxed or emailed requests will not be accepted. It is the obligation of the school district to verify all information provided in this request.

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, you must contact that school directly to receive the appropriate Effectiveness Score and Rating information.

Student name:	Grade:
School Building: DeRuyter Elementary Sch	ool □ DeRuyter Middle/High School □
(Grades K-5)	(Grades 6-12)
Name of parent or legal guardian making	request:
Address:	
	State: ZIP:
Telephone: ()	Email:@
*Principal OR Teacher name for reque	sted final quality rating and composite effectiveness score:
Name of Pr	incipal or Teacher
*Please note that you may ONLY request the enrolled in the teacher's class or principal's	e scores for a teacher or principal that your child is currently s building.
under section 3012-c of the Education Law pursuant to article six of the Public Officer	an of the above-mentioned student and I understand that , this information is <u>not</u> subject to public disclosure s Law (the Freedom of Information Law). <u>It is intended</u>
only for informational purposes of the pare was made.	nt or legal guardian of the student for whom the request
Signature of Parent or Legal Guardian	Date
Date Received Sta	tus Verified on by