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:

Juanita Hayes 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 School ❑ (Grades PK-4) DeRuyter Middle/High School ❑ (Grades 5-12)

Name of parent or legal guardian making request: _____

Address:_____

City: _____ **State:** _____ **ZIP:** _____

Telephone: (_____) _____ **Email:** _____@_____

***Principal OR Teacher name** for requested final quality rating and composite effectiveness score:

_____
Name of Principal or Teacher

Please note that you may ONLY request the scores for a teacher or principal that your child is **currently enrolled in the teacher's class or principal's building.*

I attest that I am the parent or legal guardian of the above-mentioned student and I understand that under section 3012-c of the Education Law, this information is <u>not</u> subject to public disclosure pursuant to article six of the Public Officers Law (the Freedom of Information Law). <u>It is intended only for informational purposes of the parent or legal guardian of the student for whom the request was made.</u>

_____

Signature of Parent or Legal Guardian **Date**

Date Received _____ **Status Verified on** _____ **by** _____