

Capital Region BOCES
Request for Teacher or Principal Composite Scores



Date: _____

Requesting Parent/Guardian: _____

Child's Name: _____

School Presently Attending: _____

Name of Teacher(s) or Principal for whom scores are being requested:

_____	_____
_____	_____
_____	_____
_____	_____

Parent Statement of Understanding

As the parent or legal guardian of a child who attends a program at Capital Region BOCES, 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.

Signature of Parent/Guardian _____ Date _____

----- For Internal Use Below This Line -----

In accordance with Education Law §3012-c, I have made reasonable efforts to verify this request is a bona fide request by a parent or guardian.

Signature of Administrator or Designee _____

Date _____

- An appointment is scheduled for: _____
- A score packet will be mailed on: _____

Please Note:

- This form must be complete in order to request the final rating and composite score for your child's teacher(s) and/or principal.
- The teacher(s) and/or principal for whom scores are requested must be providing instruction/principal of your child's school for the current school year.
- An appeal of the APPR by the teacher/principal will delay providing this information until such time as the appeal is concluded.
- You may request to receive the final rating and composite score for your child's teacher(s) and/or principal, as well as an explanation of such ratings, by way of a physical meeting or by mail service to the student's address of record. Please indicate how you would like to receive this information:
 - Physical meeting
 - Postal mail service to the student's address of record

Place parent/guardian identification

(photo ID)

HERE

prior to photocopying
(if necessary to verify identity)