

\_\_\_\_\_ SCHOOL DISTRICT  
**REQUEST FOR TEACHER OR PRINCIPAL OVERALL COMPOSITE SCORE  
 AND EFFECTIVENESS RATING**

Today's Date	
Requesting Parent/Guardian	
Child's Name	
School Presently Attending	
Name of Teacher or Principal	

**Place parent/guardian identification  
 (photo ID)  
 HERE**

**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 \_\_\_\_\_ 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: \_\_\_\_\_

**All requests should be submitted to:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**Superintendent of Schools**  
**Address**  
**Address**