

**CENTRAL VALLEY SCHOOL DISTRICT**  
Request for Teacher or Principal  
Overall Composite Score and Effectiveness Rating

Date: \_\_\_\_\_

Requesting Parent/Guardian: \_\_\_\_\_

Child's Name: \_\_\_\_\_

School Presently Attending: \_\_\_\_\_

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

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

- This form must be complete in order to request the final rating and composite score for your child's current teacher(s) and/or principal(s).
- You must personally present this form with photo identification in the Central Valley CSD District Office at 111 Frederick St. Ilion.
- The teacher(s) and/or principal(s) for whom scores are requested must be providing instruction/principal(s) of your child's school for the current school year.
- An appeal of the APPR by the teacher/principal(s) 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(s), 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

Please Note:

**Parent Statement of Understanding**

As the parent or legal guardian of a child in the Central Valley 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(s). I further understand that this information is confidential and is not to be shared or discussed with anyone. For questions or concerns, contact Cynthia Stocker, Assistant Superintendent at 894-9934 or [cstocker@cvalleycsd.org](mailto:cstocker@cvalleycsd.org).

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: \_\_\_\_\_

|   |
|---|
| Place photocopy of<br>parent/guardian photo ID                  |
| HERE  |
| <i>(Verify identity prior to<br/>photocopying if necessary)</i> |