

# Teacher/ Principal Composite Effectiveness Score Request

Parent or Legal Guardian Request for  
Annual Professional Performance Review (APPR)  
Composite Effectiveness Score and Final Quality Rating for Teacher or Principal

Under New York State law, parents and legal guardians of a student may request the Composite Effectiveness Score (CES) for teachers and principals to which the student is assigned for the current school year. Please complete this request form in its entirety and mail it to:

Office of the Superintendent  
307 Newman Street  
Springville, NY 14141

Please mail your request or drop it off at the location designated above. Faxed or emailed requests will not be accepted. It is the obligation of the school district to verify all information provided in this request.

Please be advised that the teacher or principal will be notified that a request for this information has been made. However, the identity of the requestor will not be disclosed.

Student name: \_\_\_\_\_ Student Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

School and grade where student currently attends: \_\_\_\_\_

Name of parent or legal guardian making request: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Teacher / Principal name(s) for whom final quality rating and composite effectiveness is requested:

\_\_\_\_\_

*I affirm that I am the parent or legal guardian of the above-mentioned student and that I understand that the information is intended for my own use, only.*

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

## FOR DISTRICT USE ONLY

Date Received: \_\_\_\_\_ by \_\_\_\_\_ Appeal Pending: Y / N

Date Request Verified: \_\_\_\_\_ by \_\_\_\_\_ Date Parent/Guardian Informed: \_\_\_\_\_

Date Response Mailed: \_\_\_\_\_ by \_\_\_\_\_