**Parent or Legal Guardian Request for  
Annual Professional Performance Review (APPR)   
Effectiveness Score and Rating for Teacher(s)**

New York State law allows parents and legal guardians of a student to request the effectiveness scores and final ratings of teachers to which the student is assigned for the current school year. To request this information about your child’s current teacher(s) please complete this request form and bring it to:

Scott Beattie

Assistant Superintendent for Instruction

Windsor Central School District

1191 NY Rt. 79

Windsor, NY 13865

[sbeattie@windsor-csd.org](mailto:sbeattie@windsor-csd.org)

607-655-8215

Teachers will be notified when a parent or legal guardian requests their composite score and rating.

The rating and score is not a basis for changing a student’s class assignment.

It is the obligation of the school district to verify all information provided in this request. Proof of identity will be required (i.e. A photo ID) upon receipt of this form.

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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*I attest 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.*

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Signature of Parent or Legal Guardian Date

|  |  |  |  |
| --- | --- | --- | --- |
| *For School District Use Only* | | | |
|  | **Date** | **Staff Initials** |  |
| Form Received in District |  |  |
| Proof of Id Verified |  |  | Type of ID Provided: |
| Parent/Guardianship Verified |  |  |  |
| Request Verified |  |  |
| Meeting |  |  |
| Reply to Score Request Document Delivered |  |  |