

NISKAYUNA 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 for whom scores are being requested:

_____	_____
_____	_____
_____	_____
_____	_____

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.
- Once the completed form has been received and district personnel have verified the request is valid in accordance with state law, you will be contacted. Complete forms should be submitted to the district's Office of Human Resources. (E-mail: mmoran@niskyschools.org; Fax: (518) 377-4074; Mail: 1239 Van Antwerp Road, Niskayuna, NY 12309, Att: Ron Grastorf)

Parent Statement of Understanding

As the parent or legal guardian of a child in the Niskayuna Central 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.

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: _____

Place parent/guardian identification

(photo ID)

HERE

prior to photocopying
(if necessary to verify identity)

Parent/Guardian Signature: I have received the requested information.