

SHERBURNE-EARLVILLE CENTRAL 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 Sherburne-Earlville 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. I will respect the privacy of the district employees and not share this information with others, including other parents and/or guardians. I will not share this information via any types of social media.

Signature of Parent/Guardian _____ Date _____

Signature of Administrator or Designee _____ Date _____

All requests should be submitted in person to:

Eric Schnabl, Superintendent of Schools
 15 School Street,
 Sherburne, NY, 13460

For School District Use Only

Received (date) _____ by (staff name) _____

Request Verified (date) _____ by (staff name) _____

Response Mailed (date) _____ by (staff name) _____