*BCSD Notice to Parents/Guardians*

Parent or Legal Guardian Request for Annual Professional Performance Review Information

New York State law allows parents and legal guardians of a student to request the final quality rating and the overall effectiveness score for each teacher and building principal assigned to their student for the **current** school year. A parent or legal guardian must request this information by completing a request form available below and delivering it in person to:

Dr. Stephen Young, BCSD Superintendent

17400 Route 22

Cherry Plain, NY 12040

This information may **only** be released to parents or legal guardians and the district will make a reasonable effort to verify that any request received has been submitted by a parent or legal guardian.

BERLIN CENTRAL SCHOOL DISTIRCT

REQUEST FOR APPR SCORE OF TEACHER

**Instructions**: *Under the Education Law, the parent or legal guardian of a [school district] student may obtain the annual professional performance review (APPR) final quality rating and final composite effectiveness score for their student’s current classroom teacher(s). To request this information the parent or legal guardian must complete this request form and personally submit it to: Berlin Central School District, Superintendent’s Office*

*Faxed or emailed submissions will not be accepted. Berlin Central School District retains the right to verify all information provided in this request.*

**Name of Person Making Request**: ­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**I am the □ parent □ legal guardian of** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 *Name of Student*

**Grade of Student and School where student currently attends:**

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

**I request the final quality rating and composite effectiveness score for**: (*please check*)

□ My child’s current classroom teacher(s):

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

*Teacher’s Name(s)*

I swear or affirm, **under penalty of perjury**, that I am the parent or legal guardian of the above mentioned student and am entitled under the New York State Education Law, section 3012-c to make this request for information.

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

*Signature of Parent/Guardian Date*

For District Use Only: Date Rec’d:\_\_\_\_\_\_\_ By:­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_

Approved: \_\_\_\_\_\_\_ Disapproved: \_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_

Response Provided: \_\_\_\_\_\_\_\_\_

BERLIN CENTRAL SCHOOL DISTRICT

REQUEST FOR APPR SCORE OF PRINCIPAL

**Instructions**: *Under the Education Law, the parent or legal guardian of a [school district] student may obtain the annual professional performance review (APPR) final quality rating and final composite effectiveness score for their student’s current principal. To request this information the parent or legal guardian must complete this request form and personally submit it to: Berlin Central School District, Superintendent’s Office*

*Faxed or emailed submissions will not be accepted. Berlin Central School District retains the right to verify all information provided in this request.*

**Name of Person Making Request**: ­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**I am the □ parent □ legal guardian of** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 *Name of Student*

**Grade of Student and School where student currently attends:**

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

**I request the final quality rating and composite effectiveness score for**: (*please check*)

□ My child’s current principal:

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

*Principal’s Name*

I swear or affirm, **under penalty of perjury**, that I am the parent or legal guardian of the above mentioned student and am entitled under the New York State Education Law, section 3012-c to make this request for information.

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

*Signature of Parent/Guardian Date*

For District Use Only: Date Rec’d:\_\_\_\_\_\_\_ By:­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_

Approved: \_\_\_\_\_\_\_ Disapproved: \_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_

Response Provided: \_\_\_\_\_\_\_\_\_