Ichabod Crane Central School District Valatie, NY

REQUEST FOR APPR SCORE OF TEACHER

Instructions: Under the Education Law, the parent or legal guardian of an Ichabod Crane CSD 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 submit it to the building principal.

Faxed or emailed submissions will not be accepted. Ichabod Crane CSD retains the right to verify all information provided in this request.

Name of Person Making F	Request:			
Address:				
Phone number:		_		
I am the □ parent □ legal	guardian of	ne of Student	·	
Grade of Student and Sch	ool where student cu	irrently attends	:	
I request the final quality	rating and composit	e effectiveness s	core for: (please check)	
☐ My child's current c	lassroom teacher(s):			
Teacher's Name(s)				
I swear or affirm, under pe mentioned student and am e make this request for inform	entitled under the New			
Signature of Parent/Guardi	an			
For District Use Only: Approved: Response Provided:	Date Rec'd: Disapproved:	By: By:		