



**ELMSFORD UNION FREE SCHOOL DISTRICT  
REQUEST FOR TEACHER OR PRINCIPAL OVERALL COMPOSITE SCORE  
AND EFFECTIVENESS RATING**

Today's Date	
Requesting Parent/Guardian	
Contact Phone Number/Email	
Child's Name	
School Presently Attending	
Name of Teacher or Principal	

<b>Parent/guardian identification type:</b>	
<b>Driver's License</b>	_____
<b>Passport</b>	_____
<b>County/State I.D.</b>	_____
<b>Visa</b>	_____
<b>Other I.D.</b>	_____
<b>(photo ID Required)</b>	

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 Elmsford Union Free 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. If asked, I will encourage others to utilize the established process for accessing APPR ratings and, as a matter of courtesy; I will refrain from sharing this information via any types of social media.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Signature of Administrator or Designee \_\_\_\_\_

Date \_\_\_\_\_

Date approved: \_\_\_\_\_

By: \_\_\_\_\_