

**REQUEST FOR RELEASE OF ANNUAL PROFESSIONAL PERFORMANCE REVIEW
FINAL QUALITY RATINGS AND COMPOSITE EFFECTIVENESS SCORES
PURSUANT TO EDUCATION LAW SECTION 3012-c***

Name of Parent(s)/Legal Guardian(s): _____

Name and ID number(s) of student(s): _____

Grade level of student(s): _____

Please write in the spaces provided below the name of the teacher(s) and Grade level/ subject area of instruction each teacher currently provides to the above-named student(s) for each teacher to whom the student is assigned for the current school year for whom you would like to receive the APPR composite effectiveness score and final quality rating:

Name: _____ **Subject Area/Grade Level:** _____

Name: _____ **Subject Area/Grade Level:** _____

Name: _____ **Subject Area/Grade Level:** _____

Name: _____ **Subject Area/Grade Level:** _____

Name: _____ **Subject Area/Grade Level:** _____

Please write in the space provided below the name of the building principal in the building to which the student is assigned for the current school year if you are also requesting his/her final quality rating and composite effectiveness score:

Name: _____ **Building:** _____

The District will contact you shortly after we receive your request to receive APPR rating and/or composite scores to schedule an appointment to meet and provide you the information orally.

Phone Number for us to contact you to schedule appointment: _____

PLEASE RETURN THIS FORM TO: **DONNA BASTING**
 ASSISTANT SUPERINTENDENT FOR
 CURRICULUM & INSTRUCTION
 DOVER UNION FREE SCHOOL DISTRICT
 2368 ROUTE 22
 DOVER PLAINS, NY 12522
 or via email to: donna.basting@doverschools.org

*** Note: Pursuant to Education Law Section 3012-c, classroom teachers and building principals are entitled to strict privacy rights with respect to the disclosure by the District of the information that will be furnished to you. We are confident that you will respect those privacy rights.**