

**CITY SCHOOL DISTRICT OF ALBANY  
REQUEST FOR TEACHER OR PRINCIPAL OVERALL COMPOSITE SCORE AND EFFECTIVENESS RATING**

|                                 |  |
|---------------------------------|--|
| Today's Date                    |  |
| Requesting Parent/Guardian      |  |
| Child's Name                    |  |
| Child's Student Number          |  |
| School Presently Attending      |  |
| Name of Teacher(s) or Principal |  |
|                                 |  |

**Place parent/guardian identification  
(photo ID)  
  
HERE  
  
prior to photocopying  
(if necessary to verify identity)**

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 City School District of Albany, 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 medial.

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

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