

_____ SCHOOL DISTRICT
REQUEST FOR TEACHER OR PRINCIPAL OVERALL COMPOSITE RATING

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

**Place parent/guardian identification
(photo ID)
HERE**

- 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 Annual Professional Performance Review by the teacher/principal will delay providing this information until such time as the appeal is concluded.

Parent Statement of Understanding

As the parent or legal guardian of a child in the _____ School District, I understand that I have the right to obtain information related to the Annual Professional Performance Review (APPR) consisting of the composite rating 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: _____

All requests should be submitted to: _____ **Superintendent of Schools**
 _____ **Address**
 _____ **Address**