

***BOLTON CENTRAL 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	
Grade Presently Attending at Bolton Central School	
Name of Teacher 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 Bolton Central 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 medial.

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

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

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