



CORNING-PAINTED POST
AREA SCHOOL DISTRICT

Students are the center of all we do.

Principal Score Request Disclosure of APPR Scores to Parents

Parent or Legal Guardian Request for
Annual Professional Performance Review (APPR)
Effectiveness Score and Rating for Principal

New York State law allows parents and legal guardians of a student to request the effectiveness scores and final ratings of teachers and principals to which the student is assigned for the current school year. To request this information about your child's current principal please complete this request form and mail it to:

Jeffrey Delorme, Assistant Superintendent for Administrative Services
165 Charles Street, Painted Post, NY 14870

Please mail your request. Faxed or emailed requests will not be accepted. It is the obligation of the school district to verify all information provided in this request.

Student name: _____

School and grade where student currently attends: _____

Name of parent or legal guardian making request: _____

Address: _____

Phone number: _____

Principal name for whom final quality rating and composite effectiveness is requested:

I attest that I am the parent or legal guardian of the above-mentioned student and that I understand that the information is intended for my own use only.

Signature of Parent or Legal Guardian

Date

For School District Use Only

Received (date) _____ by (staff name) _____

Request Verified (date) _____ by (staff name) _____

Response Mailed (date) _____ by (staff name) _____





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Teacher Score Request Disclosure of APPR Scores to Parents

Parent or Legal Guardian Request for
Annual Professional Performance Review (APPR)
Effectiveness Score and Rating for Principal

New York State law allows parents and legal guardians of a student to request the effectiveness scores and final ratings of teachers and principals to which the student is assigned for the current school year. To request this information about your child's current teacher, please complete this request form and mail it to:

Jeffrey Delorme, Assistant Superintendent for Administrative Services
165 Charles Street, Painted Post, NY 14870

Please mail your request. Faxed or emailed requests will not be accepted. It is the obligation of the school district to verify all information provided in this request.

Student name: _____

School and grade where student currently attends: _____

Name of parent or legal guardian making request: _____

Address: _____

Phone number: _____

Teacher name(s) for whom final quality rating and composite effectiveness is requested:

I attest that I am the parent or legal guardian of the above-mentioned student and that I understand that the information is intended for my own use only.

Signature of Parent or Legal Guardian

Date

For School District Use Only

Received (date) _____ by (staff name) _____

Request Verified (date) _____ by (staff name) _____

Response Mailed (date) _____ by (staff name) _____

