

## Cold Spring Harbor Central School District

## REQUEST FOR APPR SCORE OF A TEACHER

**Instructions:** Under the Education Law, the parent or legal guardian of a Cold Spring Harbor Central School District student may obtain the annual professional performance review (APPR) final quality rating and final composite effectiveness score for their student's current classroom teacher. Please submit a separate form for each teacher. To request this information the parent or legal guardian must complete this request form and submit it to: Robert C. Fenter, Superintendent of Schools, Cold Spring Harbor Central School District, 75 Goose Hill Road, Cold Spring Harbor, NY 11724

Faxed or emailed submissions will not be accepted. The Cold Spring Harbor Central School District retains the right to verify all information provided in this request.

Name of Person Making Request:			
Address:			
I am the □ parent	□ legal guardian of	Name of Stud	
Grade of Student and Sch	ool where student cur	rently attends:	
☐ My child's current cla	ssroom teacher:		
Teacher's Name			
I swear or affirm, under pe mentioned student and am to make this request for in	entitled under the New formation.	-	~
Signature of Parent/Guard	ian		Date
For District Use Only:	Date Rec'd:	By:	
Approved:	Disapproved:	By:	
Response Provided:			