

Notice Disclosure of APPR Scores to Parents

Parent or Legal Guardian Request for
Annual Professional Performance Review (APPR) Information

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. Requests for this information must be made in writing using the teacher/principal request form below and mailed to:

Assistant Superintendent's Office
Solvay Union Free School District
103 Third Street
Solvay, NY 13209

This information may only be released to parents or legal guardians and the district will verify that any request received has been submitted by a parent or legal guardian. *Additionally, the information is intended only for the use of the requesting parent or legal guardian.*

Once the written request is received you will be contacted to schedule a meeting with district office personnel where the requested scores will be presented. No score will be released without a meeting between the parent(s) and district personnel.

Score Request Disclosure of APPR Scores to Parents

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

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(s)/principal please complete this request form and mail it to:

Assistant Superintendent's Office
Solvay Union Free School District
103 Third Street
Solvay, NY 13209

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)/Principal for whom final quality rating and composite effectiveness are 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