

Spackenkill Union Free School District
Poughkeepsie, NY



PARENT REQUEST FORM
Annual Professional Performance Review
(APPR) Total Composite Score

Student Name: _____

Parent/Guardian Name: _____

Address: _____

Phone Number: _____

Principal Whose Score I am Requesting: _____

I understand that I have the right to request the annual professional performance review (APPR) total composite score for my child's principal. I certify that I am requesting this score for my own personal interest.

Signed:

Parent/Guardian

Date

FOR OFFICE USE ONLY:

Received in person, ID checked, and guardianship verified:

by _____

Appointment scheduled with _____

for _____ @ _____