

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

Quality Rating & Final Composite Effectiveness Scores

Under New York State Education law, parents and legal guardians of a student may request the Final Quality Rating and Composite Effectiveness Score for each of the teachers and principals to which the student is assigned for the current school year. *Be advised, it is CABOCES obligation to verify this is a bona fide request by the student's parent or guardian.*

Please complete this request form and mail or hand deliver the Form to Ms. Howard at the following address (faxed or emailed requests will not be accepted):

Donna Howard
Business Executive for Personnel
CABOCES
1825 Windfall Road
Olean, NY 14760

Student name: _____ **Student Date of Birth:** ____/____/____

School or BOCES Center and grade where student currently attends:

Name of parent or legal guardian making request: _____

Address: _____

Phone: _____

“Current “ CABOCES Teacher / Principal name(s) for whom final rating & composite score is requested:

_____ (Teacher must be providing instruction for the current school year. Principal must be the principal of the school your child attends for the current school year.)

I affirm that I am the parent or legal guardian of the above-mentioned student and that I am authorized to receive and review this information. I understand that the information is intended for my own use, only.

Signature of Parent or Legal Guardian

Date