



LINDENHURST UNION FREE SCHOOL DISTRICT

350 Daniel Street
Lindenhurst, NY 11757

Telephone: (631) 867-3015

Fax: (631) 867-3018

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

Please deliver your request to your school's main office – faxed and emailed requests will not be accepted.

Date: _____

Student's Name: _____

Requesting Parent/Guardian: _____

Mailing Address: _____

City _____ State _____ Zip _____

Home phone: _____ Cell phone: _____

School and grade: _____

Name of Teacher/Principal: _____

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 and the privacy of the teacher/principal will be respected. I acknowledge that I am receiving this requested information as the parent or legal guardian of _____, and that the requested information is not subject to public disclosure under the New York State Freedom of Information Law (FOIL).

Signature of Parent of Legal Guardian

Date

**Place parent/guardian identification
(photo ID)
HERE
prior to photocopying**

- ◆ Original copy for school file
- ◆ Copy with identification for parent

For Central Office Use Only

_____ Child's Schedule Checked _____ Parent/Guardian verified in school

Name of Teacher/Principal: _____

Overall Composite Score (0-100): _____ Overall Rating: _____

91-100: Highly Effective / 75-90: Effective / 65-74: Developing / 0-64: Ineffective

_____ **Date**

Dr. S. Camhi, Assistant Superintendent for Curriculum Instruction and Instructional Personnel

*Note: Pursuant to Education Law Section 3012-c, classroom teachers and building principals are entitled to strict privacy rights with respect to the disclosure by the District of the information that will be furnished to you. We are confident that you will respect those privacy rights. Additionally, please note that teachers will be notified of your request for this information.