



**Beacon City School District
Request Form for Parent Use**

Request for Release of My Child's Teacher's and/or Principal's Annual Professional
Performance Review Final Quality Ratings and Composite Effectiveness Scores
Pursuant to Education Law Section 3012d

Please fill out **one form for each child** whom you are seeking information about teachers' Annual Professional Performance Review Final Quality Ratings and Composite Effectiveness Scores.

Name of Parent(s)/Legal Guardian(s): _____

Address: _____

Daytime Phone or Cell Number: _____

Name of Student: _____

Grade level of student: _____

The best time to contact me during the work day is: _____

Please write in the spaces provided below the name of the teacher(s) and Grade level/subject area of instruction each teacher currently provides to the above-named student for whom you would like to receive the APPR Composite Effectiveness Score and Final Quality Rating:

Name: _____ Subject Area/Grade Level: _____

Please write in the space provided below the name of the building principal in the building to which the student is assigned for the current school year. If you are also requesting, the Principal's Annual Professional Performance Review Final Quality Ratings and Composite Effectiveness Scores please check the "yes" line.

Yes, I would also like to receive information on my child's building principal.

Name of Principal: _____

Building: _____

The District will contact you shortly after its receipt of the form.

PLEASE RETURN THIS FORM BY E-MAIL, DROP OFF OR US MAIL TO:

archer.b@beaconk12.org

OR

Mr. Brian Archer
10 Education Drive
Beacon, NY 12508

* Note: Pursuant to Education Law Section 3012d, 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.