

Minisink Valley Central School District

REQUEST FOR RELEASE OF ANNUAL PROFESSIONAL PERFORMANCE REVIEW FINAL COMPOSITE EFFECTIVENESS RATINGS PURSUANT TO EDUCATION LAW SECTION 3012-d*

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

Name and ID number(s) of student(s): _____

Grade level of student(s): _____

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(s) for each teacher to whom the student is assigned for the current school year for whom you would like to receive the APPR composite effectiveness rating:

Name: _____ Subject Area/Grade Level: _____

Name: _____ Subject Area/Grade Level: _____

Name: _____ Subject Area/Grade Level: _____

Name: _____ Subject Area/Grade Level: _____

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 his/her APPR composite effectiveness rating:

Name: _____ Building: _____

I would like to receive the information requested above via (check whichever is applicable):

_____ **Regular Mail and my address is:** _____

_____ **In person** [Note: If this option is selected, please provide your telephone number in the space above and the District will contact you shortly after its receipt of this Form to schedule a date and time for a conference.]

PLEASE RETURN THIS FORM TO:

Mr. Christian Ranaudo
Assistant Superintendent for Curriculum & Instruction
P.O. Box 217, Route 6
Slate Hill, NY 10973
or via email to: cranaudo@minisink.com

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