

**TONAWANDA CITY SCHOOL DISTRICT
REQUEST FOR TEACHER/PRINCIPAL APPR COMPOSITE SCORE AND RATING
2013-2014 School Year**

Today's date: _____
Child's name: _____
School presently attending: _____
Name of teacher/principal: _____
Requesting Parent/Guardian: _____

I affirm that I am the parent/guardian of the child identified above and am entitled to receive the information I am requesting.
Parent/Guardian Signature: _____

Note: Teacher must be providing instruction for current school year.
Principal must be the current principal of the school this year.

For office use only:

_____ Child's schedule checked
_____ Parent/guardian identification checked

Name of teacher/principal: _____

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

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

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

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

Signature of Assistant Superintendent

Date

Signature of Parent/Guardian

Date