

ROCKVILLE CENTRE UFSD

REQUEST FOR TEACHER/PRINCIPAL APPR COMPOSITE SCORE AND RATING

Today's date: _____

Requesting Parent/Guardian: _____

Telephone Number: _____

Child's name: _____

School presently attending: _____

Name of teacher/principal: _____

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