Phoenix Central School District

Request For Teacher Overall Composite Score and Effectiveness Rating

Today's Date	
Requesting Parent / Guardian	Discourage (formalism interesting
Child's Name	Place parent/guardian identification
School Presently Attending	(photo ID)
Name of Teacher	HERE
<u></u>	prior to photocopying
Notes - Teacher must be providing instruction for current s	chool year.
Parents Statement of Understanding:	
information related to the Annual Professional Performation personally identifiable information. I will respect the princluding other parents and / or guardians. If asked, I will respect the princluding other parents and / or guardians.	x Central School District, I understand that I have the right to obtain ance Review for a legitimate purpose. I understand this report contains ivacy of district employees and not share this information with others, will encourage others to utilize the established process for accessing from sharing this information via any types of social media.
Signature of Parent /	Guardian Date
Signature of Principal	l or Designee Date
	e school your child attends on or after// (7 days after the date it was arm will be saved and submitted to the District Office at the end of the school year.

Phoenix Central School District

Request For Teacher Overall Composite Score and Effectiveness Rating

	ild's schedule checked	checked and copied at time	of request and pick up	
Name of Teac	her			
The overal score is the students we school year.		t growth for this teacher's ed during the previous		
	91-100 - Highly Effective			
	75-90 - Effective			
	65-74 - Developing			
	0-64 - Ineffective			
Sig	nature of Principal or Design	nee	Date	-
Sig	nature of Parent / Guardian	-	Date	-