

Office of Human Resources and Professional Development
Denise Jones, Assistant Superintendent

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PARENT/GUARDIAN REQUEST FOR TEACHER OR PRINCIPAL OVERALL COMPOSITE SCORE AND RATING

Today's date: _____

Requesting parent/guardian: _____

Parent/guardian address: _____

Parent/guardian phone: _____ email: _____

Child's name: _____

School presently attending: _____

Name of Teacher or Principal: _____

Return to: **Ballston Spa Central School District**
Denise Jones, Assistant Superintendent
Office of Human Resources & Professional Development
70 Malta Avenue
Ballston Spa, NY 12020

Note: A separate form must be submitted for each request

Disclaimer:

The information provided is for the requesting parent/guardian use only, and is not to be distributed in any way.

Office use only:

_____ *Child's schedule checked*
_____ *Parent/Guardian verified in School Tool*

Name of Teacher/Principal: _____

Overall Composite Score (0-100): _____

Overall Rating: _____

91-100 *Highly Effective*

75-90 *Effective*

65-74 *Developing*

064 *Ineffective*

Place parent/guardian identification
(photo ID)

HERE
Prior to photocopying
(if necessary to verify identity)

Denise Jones, Assistant Superintendent

Date

Date mailed to parent/guardian: _____

Dated picked up by parent/guardian: _____