

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: \_\_\_\_\_

I understand the information provided is confidential, for my personal use only and is not to be distributed or shared in any way.

**Parent/ Guardian signature**

Note: A separate form must be submitted for each request

**Return to: Ballston Spa Central School District**

Denise Jones, Assistant Superintendent  
Office of Human Resources & Professional Development  
70 Malta Avenue  
Ballston Spa, NY 12020

**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  
(necessary to verify identity)

\_\_\_\_\_  
Denise Jones, Assistant Superintendent

\_\_\_\_\_  
Date

Date mailed to parent/guardian: \_\_\_\_\_

Dated picked up by parent/guardian: \_\_\_\_\_