

UNIONDALE UNION FREE SCHOOL DISTRICT

933 GOODRICH STREET, UNIONDALE, NEW YORK 11553-2499

Website: <http://district.uniondaleschools.org>

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Superintendent of Schools
516-560-8824 • FAX 516-414-5675
E-MAIL: wlloyd@uniondaleschools.org

ADMINISTRATION

RHONDA A. TAYLOR
Assistant Superintendent for Curriculum and Instruction
516-560-8825 • FAX 516-560-8917
BANCROFT BURKE
Assistant Superintendent for Business Affairs
516-560-8801 • FAX 516-918-1071
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Assistant Superintendent for Human Resources
516-560-8822 • FAX 516-560-8927

DISTRICT CLERK

SELMA RUBIN
516-560-8945 • FAX 516-918-1060

TEACHER/PRINCIPAL COMPOSITE EFFECTIVENESS SCORE REQUEST

Parent or Legal Guardian Request for
Annual Professional Performance Review (APPR)
Composite Effectiveness Score and Final Quality Rating for Teacher or Principal

Under New York State law, parents and legal guardians of a student may request the Composite Effectiveness Score (CES) for teacher and principals to which the student is assigned for the current school year. Please complete this request for in tis entirety and mail it to:

Mrs. Rhonda Taylor
Assistant Superintendent for Curriculum and Instruction
933 Goodrich Street
Uniondale, NY 11553

Please mail you request or drop it off at the location designated above; faxed or emailed requests will not be accepted. It is the obligation of the school district to verify all information provided in this request. PLEASE PRINT CLEARLY.

Student Name: _____ Student Date of Birth: _____

School and Grade where student currently attends: _____

Name or parent or legal guardian making request: _____

Address: _____

Phone Number: _____

Teacher/Principal name(s) for whom final quality rating and composite effectiveness is requested: _____

I affirm that I am the parent or legal guardian of the above-mentioned student and that I understand that the information is intended for my own use, only.

Signature of Parent or Legal Guardian

Date

FOR DISTRICT USE ONLY		
Date Received: _____	By: _____	Appeal Pending: Y/N
Date Request Verified: _____	By: _____	Date Parent/guardian Informed
Date Response Mailed: _____	By: _____	_____