

**FREWSBURG CENTRAL SCHOOL DISTRICT
REQUEST FOR TEACHER OR PRINCIPAL EFFECTIVENESS RATING**

Date _____

Requesting Parent or Guardian _____

Student's Name _____

Current School Year Teacher or Principal Name _____

Grade Level and School _____

I understand that I have the right as a parent or guardian of a child in the District to obtain information related to the Annual Professional Performance Review for my child's current teacher or principal. As this report contains personally identifiable information, I will respect the privacy of District employees and not share this information with others, including other parents or guardians or via any type of social media.

Signature of Parent or Guardian _____

Signature of Principal or Designee _____

FOR OFFICE USE ONLY:

Student's information checked _____

Parent or Guardian photo ID copied and attached at time of request _____

Parent or Guardian photo ID checked at pick up _____

Name of current teacher or principal _____

Student Performance Category _____

Teacher Observation Category _____

Principal or Designee Signature _____ Date _____

Parent or Guardian Signature _____ Date _____