Dear Parent/Legal Guardian:

Please complete the form below if you are interested in obtaining the public disclosure of the final quality rating and composite effectiveness score of your child’s current teacher. One form per each of your child’s teachers is necessary.

Name of Parent/Legal Guardian: ___________________________ Phone # __________
(Print)
Name of student: ___________________________________________ Date: __________

☐ Marlboro High School  ☐ Marlboro Middle School  ☐ Marlboro Elementary School

Teacher Information Request:
I would like to receive the APPR composite effectiveness score and final quality rating of my child’s teacher. I certify that I am the parent or legal guardian of the student above.

My contact number is provided above and I give my permission for the District to contact me to receive the information requested.

In order to obtain the appropriate information, please write in the space provided below the name of the teacher and grade level/subject area of instruction that your child is assigned for the current school year, for whom you would like to receive this APPR composite effectiveness score and final quality rating.

Teacher’s Name ___________________________ Subject Area/Grade Level _____________

Parent/Guardian Signature ___________________________ Date _______________

Please return this form to the District Central Office
Note: Pursuant to Education Law Section 3012-d, classroom teachers and building principals are entitled to strict privacy rights with respect to the disclosure by the District of the information that will be furnished to you. We are confident that you will respect those privacy rights.