

# HUDSON CITY SCHOOL DISTRICT

## Parent Request Form Annual Professional Performance Review Total Composite Score & Final Quality Rating

Under New York State law, parents and legal guardians of a student may request the Composite Effectiveness Score and the Final Quality Rating of teachers and principals to which the student is assigned for the current school year. Please complete this request form in its entirety and mail it to:

April Prestipino, Coordinator of School Improvement  
Hudson City School District  
215 Harry Howard Avenue  
Hudson, NY 12534

Please mail your 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.

Student Name: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_

School and grade where student currently attends: \_\_\_\_\_

Name of parent or legal guardian making request: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

**Teacher 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 students and that I understand that the information is intended for my own use only.*

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Signature of Parent or Legal Guardian

Date

### FOR DISTRICT USE ONLY

Date Received: \_\_\_\_\_ by \_\_\_\_\_

Date Request Verified: \_\_\_\_\_ by \_\_\_\_\_

Date Meeting Scheduled/Held: \_\_\_\_\_ / \_\_\_\_\_ by \_\_\_\_\_

Photo ID verified: \_\_\_\_\_ by \_\_\_\_\_