

LAWRENCE PUBLIC SCHOOL

REQUEST FOR TEACHER/PRINCIPAL APPR COMPOSITE SCORE AND RATING

SCHOOL YEAR _____

Today's Date: _____

Requesting Parent/Guardian: _____

Child's Name: _____

School Presently Attending: _____

Name of *Teacher/Principal: _____

Note: Teachers must be providing instruction for current school year.
Principal must be the current principal of the school this year.
*Submit a separate form for each child.

Scores will be provided starting in mid-October after verification process is completed. Depending on demand, once a request is received, we anticipate being able to provide the scores within 10 school days. However, if demand is high, additional time may be needed.

For Office Use Only:

_____ Child's schedule checked

_____ Parent/Guardian Identification checked

Name of Teacher/Principal: _____

Place parent/guardian identification (Photo ID) here prior to photo coping.

*Original copy for school file

*Copy with identification for parent

Overall Composite Score (0-100) _____

Overall Rating: _____

- 91-100: Highly Effective
- 75-90: Effective
- 65-74: Developing
- 0-64: Ineffective

Signature of Principal/Designee

Date

Signature of Parent/Guardian

Date