

**SOUTH HUNTINGTON SCHOOL DISTRICT  
REQUEST FOR TEACHER  
APPR COMPOSITE EFFECTIVENESS SCORE AND QUALITY RATING**

**Please forward this form to:  
Office of the Superintendent of Schools  
60 Weston Street, Huntington Station, New York 11746**

Today's date: \_\_\_\_\_

Requesting Parent/Legal Guardian: \_\_\_\_\_

Child's name: \_\_\_\_\_

School presently attending: \_\_\_\_\_

Name of present school year teacher(s) APPR information being requested:

Name(s):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

For office use only:

Date Request Received: \_\_\_\_\_

\_\_\_\_\_ Child's schedule reviewed

\_\_\_\_\_ Parent/Legal Guardian identification verified

APPR information provided to Parent/Legal Guardian on (date): \_\_\_\_\_

Principal's Signature: \_\_\_\_\_