



**UTICA CITY SCHOOL DISTRICT**  
**106 Memorial Parkway**  
**Utica, NY 13501**

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**PARENT OR LEGAL GUARDIAN**  
**REQUEST FORM**  
**FOR COMPOSITE EFFECTIVENESS SCORE AND RATING**  
**FOR TEACHER OR PRINCIPAL**

New York State law allows parents and legal guardians of a student to request the overall composite score and final Effectiveness rating of each classroom teacher and principal to which the student is assigned for the **current school year only**. By law only the overall composite score (0-100) and quality rating (Highly Effective, Effective, Developing, and Ineffective) may be provided.

***\*Please keep in mind that under the Education Law of the State of New York, the final quality rating and composite effectiveness score released for a teacher and/or principal is intended only for the use of the requesting parent or legal guardian. Upon receipt of this information, the parent or legal guardian understands and agrees that this information should not be shared with others, including other parents and/or guardians, and that such information should not be shared via any types of social media.\****

**REQUEST FOR INFORMATION PROCESS**

To request this information about your child's current teacher or principal please complete this request form and mail it or e-mail it ([spaddock@uticaschools.org](mailto:spaddock@uticaschools.org)) to:

Utica City School District  
c/o Mrs. Sandra Paddock  
106 Memorial Parkway  
Utica, New York 13501

This information will only be provided through the use of a district form and the district's request process.

**\*\*Separate requests should be filed for each individual child.\*\***

**A. STUDENT INFORMATION**

Student's Name: \_\_\_\_\_  
(Print)

Student's Address: \_\_\_\_\_  
(Print)

Student's Date of Birth: \_\_\_\_\_

Student's ID Number (if known): \_\_\_\_\_

**B. PARENT AND/OR LEGAL GUARDIAN INFORMATION**

Name of Parent or Legal Guardian: \_\_\_\_\_  
(Print)

Parent or Legal Guardian's Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
(Print)

Phone Number You May Be Reached at During School Day: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_  
(Print)

Are You the Parent or Legal Guardian Currently on Record with the Utica City School District for this Child? \_\_\_\_ Yes \_\_\_\_ No

If not, please explain your relationship to this child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. TEACHER AND/OR PRINCIPAL INFORMATION REQUESTED**

Name(s) of Teacher(s) or Principal and School for whom final quality rating and composite effectiveness is (are) requested:

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_
- (5) \_\_\_\_\_
- (6) \_\_\_\_\_

It is the obligation of the school district to verify all information provided in this request. Upon receipt of this request you will be contacted to set up an appointment to come to the District Office to pick up the completed information form. **District personnel will ask you to show your photo ID prior to releasing any information.**

**D. AFFIRMATION**

I attest that I am the parent or legal guardian of the above-mention student and that I understand that information provided to me relative to my child's teacher(s) and/or principal is intended for my own personal use only.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**For School District Use Only**

- a. Received (date) \_\_\_\_\_ by (staff name) \_\_\_\_\_
- b. Request verified and information released (date) \_\_\_\_\_  
by (staff name) \_\_\_\_\_