HERRICKS PUBLIC SCHOOLS

REQUEST FOR FINAL COMPOSITE APPR SCORE

I, _____certify that I am the parent or legal guardian

of _____ a student at the _____ school.

I am hereby requesting the final quality rating and composite Effectiveness score for my child's current teacher(s) for the year of:

Grades 6-12, please attach a copy of your child's schedule.
Grades K-5 do not need a schedule.

Teacher	**Subject**

For District Use Only

Composite Effectiveness Score (0-100)	**Final Quality Rating**

I acknowledge that I am receiving this requested information as the parent or legal guardian of _____, and that the requested information is not subject to public disclosure under the New York State Freedom of Information Law (FOIL). I further understand that an explanation of the scoring ranges is attached, and the APPR plan is available on the District's website at: www.herricks.org.

_____ _____

Date Parent/Guardian Signature

For District Use Only

Information provided on (date): _____ Information provided by: _____

Identification verified via (check one): ___Valid NYS Driver's License ___Other form of picture ID ___email source

Notes: _____ ___U.S. mail address ___Fax ___Other_____

Note: Scores will be provided starting in mid-October after a 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.