BRENTWOOD UNION FREE SCHOOL DISTRICT

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Brentwood, NY 11717 | (631) 434-2123 | WWW.BUFSD.ORG

TEACHER SCORE REQUEST FORM

I,_____ , certify that I am the parent or legal guardian of

_____, a student at the Brentwood Union Free School District's

_____ School.

I am hereby requesting the final quality rating and composite effectiveness score for my child's Teacher(s):

_____ _____

_____ _____

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 the District's Teacher STEPS Plan is available on the District website's Educator Evaluation & Professional Support (APPR/STEPS) webpage.

_____ _____

Date *Signature*

For Building Use Only:

Information provided on (Date): _____

Type of Identification: _____

Identification verified by: _____

80-20-172289