

## 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 2012-13 final quality rating and composite Effectiveness score for my child’s current teacher(s):

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

Teacher	Subject
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

<i>For District Use Only</i>	
<b>Composite Effectiveness</b>	<b>Final Quality</b>
<b>Score (0-100)</b>	<b>Rating</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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](http://www.herricks.org)

\_\_\_\_\_  
Date                                      Parent/Guardian Signature

<i>For District Use Only</i>	
Information provided on (date): _____	Information provided by: _____
Identification verified via (check one): <input type="checkbox"/> Valid NYS Driver’s License <input type="checkbox"/> Other form of picture ID <input type="checkbox"/> email source	
Notes: _____ U.S. mail address <input type="checkbox"/> Fax <input type="checkbox"/> 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.

