**Plainview-Old Bethpage Central School District**

**REQUEST FOR TEACHER FINAL QUALITY RATING**

**AND COMPOSITE EFFECTIVENESS SCORE**

I, certify that I am the parent or legal guardian

(Name of Requestor)

of a student at the Plainview-Old Bethpage Central

(Name of Student)

***For District Use Only***

School District’s School.

I am hereby requesting the 2012-13 final quality rating and

composite effectiveness score for my child’s teacher(s): **Composite**

**Effectiveness Final Quality**

**Teacher Subject Score (0-100) 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: <http://c2.pobschools.schoolwires.net/Page/2607>

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.