

Roslyn Public Schools

**PARENT/GUARDIAN REQUEST FOR TEACHER FINAL QUALITY RATING
AND COMPOSITE EFFECTIVENESS SCORE**

Dear Principal:

I, _____ certify that I am the parent or legal guardian
(Name of Requestor)

of _____, at the Roslyn Public School District's
(Name of Student)

_____ 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 acknowledge that I will not share this information with others or post it on social media. I further understand that an explanation of the scoring ranges is attached, and the APPR plan is available on the District's website at:

<https://www2.roslynschools.org/parents/Documents/appr-parent-ltr-0813.pdf>

For District Use Only
Information provided on

(Date)
By: _____

_____ (Date)

_____ (Signature)

c: Student's teacher(s)