

Levittown 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 Levittown School District, Levittown, New York,
 (Name of Student)
 School District's _____ School.

I am hereby requesting the 2012-13 final quality rating and composite effectiveness score for my child's teacher(s):

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

<i>For District Use Only</i>	
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: <http://www.levittownschoools.com>

_____ 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: _____	<input type="checkbox"/> 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.

Darlene Rhatigan Assistant Superintendent of Administration & Personnel