



Arlington Central School District

REQUEST FOR TEACHER/PRINCIPAL FINAL QUALITY RATING AND COMPOSITE EFFECTIVENESS SCORE

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

_____ a student at the Arlington Central School
(Name of School)

District's _____ School.

I am hereby requesting the 2016-2017 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: www.arlingtonschools.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: _____ <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.