



GARDEN CITY PUBLIC SCHOOLS

Locust School • 220 Boylston Street, Garden City • NY • 11530

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*Inspiring Minds
Empowering Achievement
Building Community*

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 Garden City 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 available on the District's website under the "For Parents" tab

at:

<http://www.gardencity.k12.ny.us/cms/One.aspx?portalId=879970&pageId=19187840>

and the APPR plan is available on the District's website at:

http://www.gardencity.k12.ny.us/UserFiles/Servers/Server_879883/File/PI%20Web/state%20approved%20garden-city-appr-

[plan.pdf](#)

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|--------------------------------|
| <i>For District Use Only</i> |
| <i>Information provided on</i> |
| _____ |
| (Date) |
| By: _____ |

_____ (Date) _____ (Signature)

c: Student's teacher(s)