

## TEACHER SCORE REQUEST FORM

I, \_\_\_\_\_, certify that I am the parent or legal guardian of  
\_\_\_\_\_, a student at the Brentwood Union Free School District's  
(student's name)  
\_\_\_\_\_ School.  
(building)

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  
(student's name)

under the New York State Freedom of Information Law (FOIL). I further understand that the District's Annual Professional Performance Review (APPR) Plan is available on the District's website:

["Annual Professional Performance Review \(APPR\)" at www.brentwood.k12.ny.us.](http://www.brentwood.k12.ny.us)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

<b>For Building Use Only:</b>	
Information provided on (date):	_____
Type of Identification:	_____
Identification verified by:	_____