



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
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

For District Use Only

**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

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Information provided on (date): _____ Information provided by: _____

Identification verified via (check one): ☐ Valid NYS Driver's License ☐ Other form of picture ID ☐ email source

Notes: _____ ☐ U.S. mail address ☐ Fax ☐ 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.