

# Rye Neck Union Free School District

## REQUEST FOR TEACHER FINAL QUALITY RATING AND COMPOSITE EFFECTIVENESS SCORE

I, \_\_\_\_\_ certify that I am the parent or legal guardian  
(Name of Parent/Guardian)

of \_\_\_\_\_ a student at the Rye Neck Union Free School  
(Name of Student)

District's \_\_\_\_\_ School.

I am hereby requesting the most recent/current final APPR  
quality rating and composite effectiveness score of my  
child's current teacher(s):

Teacher	Subject
_____	_____
_____	_____
_____	_____

*For District Use Only*

**Final Quality  
Rating**

\_\_\_\_\_

**Advisory Only**

\_\_\_\_\_

I acknowledge that I am receiving this information as the parent or legal guardian of  
\_\_\_\_\_, and that the 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.ryeneck.org/>

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature – Parent/Guardian)

\_\_\_\_\_  
(Signature – Administrator or Designee)

*For District Use Only*

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: \_\_\_\_\_

**Note:** Pursuant to Education Law Section 3012-d, classroom teachers and building principals are  
entitled to strict privacy rights with respect to the disclosure by the District of the information  
that will be furnished to you. We are confident that you will respect those privacy rights.