



ISLAND TREES PUBLIC SCHOOLS

Board of Education
516-520-2100

Superintendent
Charles J. Murphy

ADMINISTRATIVE OFFICES, 74 FARMEDGE ROAD, LEVITTOWN, NEW YORK 11756-5202

REQUEST FOR FINAL QUALITY RATING AND COMPOSITE EFFECTIVENESS SCORE

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

of _____ a student at the Island Trees 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):

Building Principal:

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.

Date

Signature

cc: Student's Principal
Student's Teachers

Excellence and Success for All Students