

HICKSVILLE PUBLIC SCHOOLS

**REQUEST FOR 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 Hicksville School District's
(Name of Student)

_____ School.
(Name of School)

I am hereby requesting the final quality rating and composite effectiveness score by my child's
Teacher:

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: <http://hicksvillepublicschools.org/Page/4742>

Date

Signature

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

Final Quality Rating: _____ Composite Effectiveness Score: _____