



# GARDEN CITY PUBLIC SCHOOLS

56 Cathedral Avenue • P.O. Box 216 • Garden City, NY 11530-0216  
Tel: (516) 478-1010 Fax (516) 294-8348

**ROBERT FEIRSEN, Ed.**  
Superintendent of Schools

## PARENT/GUARDIAN REQUEST FOR TEACHER FINAL QUALITY RATING AND COMPOSITE EFFECTIVENESS SCORE

Dear Principal:

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

of \_\_\_\_\_, at the Garden City Public 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)

\_\_\_\_\_

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 acknowledge that I will not share this information with others or post it on social media. I further understand that an explanation of Garden City's APPR plan is available on the website at:

<http://gc.schoolwires.net/domain/1135>

For District Use Only

Information provided on

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

By: \_\_\_\_\_

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

\_\_\_\_\_ (Signature)

c: Student's teacher(s)