

OCEANSIDE SCHOOL DISTRICT

Request for TEACHER Effectiveness Rating and Score

2015-16

As per New York State law, parents are entitled to request the "Effectiveness Rating and Score" of their child's current teacher(s).

As a means of providing parents with this information, please complete the information below and mail this form to:

Mr. Robert Fenter, Assistant Superintendent for Curriculum, Instruction & Research
Oceanside Union Free School District
145 Merle Avenue
Oceanside, NY 11572

Upon receipt of your request, this form will be mailed back to the parent with the requested rating and score information.

Parent's Name: _____ (please print clearly)

Student's Name: _____ (please print clearly)

School # _____ Grade _____

Name of teacher(s) for whom you are requesting a score:

Parent/Legal Guardian's Signature: _____ Date: _____

I certify that I am the parent/legal guardian of the above-named student and I am requesting the Effectiveness Rating and Score for the above teacher(s).

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THE SECTION BELOW IS TO BE COMPLETED BY OCEANSIDE SCHOOL DISTRICT STAFF ONLY

Verification of parent as legal guardian: _____

TEACHER RATING:

Verification of home address: _____

Teacher's Name: _____

Verification of student/teacher: _____

Effectiveness Rating: _____

Overall Score: ____/100

Date mailed to parent: _____