August 2021

Dear Parent:

We are pleased to notify you that in accordance with the Every Student Succeeds Act of 2015, you have the right to request information regarding the professional qualifications of your child’s teacher. Specifically, you may request the following:

- Whether the teacher has met State qualification and licensing criteria for the grade levels and subject areas in which the teacher provides instruction.

- Whether the teacher is teaching under emergency or other provisional status through which State qualification or licensing criteria has been waived.

- The baccalaureate degree major of the teacher and any other graduate certification or degree held by the teacher, and the field of discipline of the certification or degree.

- Whether the child is provided services by paraprofessionals and, if so, their qualifications.

If you would like to receive this information, please go to the school’s website and print a Teacher Qualification Form or request a form from the main office. Complete the top of the form and return it to your child’s school. Should you have any questions, feel free to contact the school and someone will assist you.

Sincerely,

_________________________
Principal
Parents Right-To-Know: Request Teacher Qualifications

Title I, Part A, Section 1112(c)(6), Every Student Succeeds Act, Public Law 114-95

I am requesting the professional qualifications of __________________________________________
who teaches my child, _______________________________ at ________________________________
Child’s Name (Please Print) School (Please Print)

My mailing address is ________________________________________________________________
Street (Please Print) City Zip

My telephone number is ____________________________________________.

My name is ________________________________________________________________
Name (Please Print)

__________________________________________________          _____________________________
Signature                                                                                                       Date

This Section to be Completed by the School

Date Form Received:   ____________________________ Received by:  __________________________

Teacher’s Name: _______________________________ Subject: ________________________________

Has the teacher met state qualifications and licensing criteria for the grade levels and subject areas in
which he/she teaches?

__________ Yes          __________ No

Is the teacher teaching under emergency or other provisional status?

__________ Yes          __________ No

Undergraduate Degree     _____________________________________________ (University/College)
Major Discipline     _____________________________________________

Graduate Degree     _____________________________________________ (University/College)
Major Discipline     _____________________________________________

Does a paraprofessional provide instructional services to the student?

__________ Yes          __________ No

If yes, what are the qualifications of the paraprofessional?

High School Graduate     ___________ (Year)

Undergraduate Degree     _____________________________________________ (University/College)
Major/Discipline     _____________________________________________

College/University Credit     ___________ (Hours)
Major/Discipline     _____________________________________________

________________________________________________________            ______________________
Signature of Person Completing Form                                                                  Date Returned to Parent