

Fort Payne City Schools

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 School/Central Office

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