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)

__________________________________ Date
Signature

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

__________________________________ Date
Signature of Person Completing Form