

PARENTS RIGHT-TO-KNOW REQUIRED INFORMATION

(1) INFORMATION FOR PARENTS-

(A) IN GENERAL.—At the beginning of each school year, a local educational agency that receives funds under this part shall notify the parents of each student attending any school receiving funds under this part that the parents may request, and the agency will provide the parents on request (and in a timely manner), information regarding the professional qualifications of the student’s classroom teachers, including at a minimum, the following:

(i) Whether the student’s teacher—

(I) has met State qualification and licensing criteria for the grade levels and subject areas in which the teacher provides instruction

(II) is teaching under emergency or other provisional status through which State qualification nor licensing criteria have been waived; and

(III) is teaching in the field of discipline of the certification of the teacher.

(ii) Whether the child is provided services by paraprofessionals and, if so, their qualifications.

(B) ADDITIONAL INFORMATION.—In addition to the information that parents may request under subparagraph(A), a school that receives funds under this part shall provide to each individual parent of a child who is a student in such school, with respect to such student—

(i) information on the level of achievement and academic growth of the student, if applicable and available, on each of the State academic assessments required under this part; and

(ii) timely notice that the student has been assigned, or has been taught for 4 or more consecutive weeks by, a teacher who does not meet applicable State certification or licensure requirements at the grade level and subject area in which the teacher has been assigned.

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

