

OFFICE OF
Superintendent of Education
Escambia County
301 Belleville Avenue P. O. Box 307
Brewton, Alabama 36427

Date: _____

Dear Parent or Guardian:

We are pleased to notify you that in accordance with the *No Child Left Behind Act of 2001*, 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 complete the top portion of the enclosed **Parents Right-to-Know/Request Teacher Qualification form**, and return the form to your child's school. Forms are also available at your child's school, and the Atmore Central Office, 501 South Pensacola Avenue. Should you have any questions, feel free to contact your child's school **or** Beth Drew, Director of Federal Programs and Curriculum & Instruction, at (251-368-0307), and someone will be happy to assist you.

Sincerely,

Director of Federal Programs

W. S. Neal Middle School
703 Williamson Street
East Brewton, Alabama 36426

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 Returned to Parent