

## **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