Chickasaw Elementary School
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 _____
<p align="center">Child's Name (Please Print)   School (Please Print)</p>

My mailing address is _____
<p>Street (Please Print)   City   Zip</p>

My telephone number is _____.

My name is _____.
<p>Name (Please Print)</p>

_____   _____
<p>Signature   Date</p>

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 _____

_____   _____
<p>Signature of Person Completing Form   Date Returned to Parent</p>