



Parents Right-to-Know • Request Teacher Qualifications

Title 1, Part A, Section 1112 c)(6). Every Student Succeeds Act, Public Law 114-95

I am requesting the professional qualification of _____
Teacher's Name (please print)

who teaches my child, _____ at Rocky Mount Preparatory School.
Child's Name (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 Administrative Office

Date Form Received: _____ Received By: _____
Teacher's Name: _____ Subject: _____

Has the teacher met state qualification and licensing criteria for the grade level(s) and subject area(s) 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 Yes _____ No _____ Year _____

Undergraduate Degree _____ (University/College)
Major Discipline _____

College/University Credit Hours _____
Major Discipline _____

Signature of Person Completing Form

Date Returned to Parent