and requesting the profes	sional qualifications of		
who teaches my child,	Child's Name (Please Print) at School (Please Print)		
	Child's Name (Please Print)		School (Please Print)
My mailing address is	Street (Please Print)		
My telephone number is _			
My name is	Name (Please Print)		
ſ	Name (Please Print)		
Sig	nature		Date
Т	his Section to be Completed by	y School/Central	Office
Date Form Received:		Received by:	
Teacher's Name:		Subject:	
Has the teacher met state of which he/she teaches?	ualifications and licensing criter	ria for the grade le	-
Is the teacher teaching unc	ler emergency or other provision Yes	nal status?	No
Undergraduate Degree Major Discipline			
			(University/College)
Graduate Degree Major Discipline			
Major Discipline			No
Major Discipline	ovide instructional services to the		No
Major Discipline	rovide instructional services to th		No
Major Discipline	rovide instructional services to th Yes cations of the paraprofessional?	ne student?	