Mobile County Public School System/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 _____

                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