**Southern Local School District**

38095 State Route 39

**Tom Cunningham,** *Superintendent*

Southern Local Board of Education 330-679-2343

**Rich Wright,** *Principal*

Southern Local Jr./Sr.High School 330-679-2305

**Justin Krulik,** *Assistant Principal*

Southern Local Jr./Sr. High School 330-679-2305

**Emily Brinker,** *Elementary Principal*

Southern Local Elementary School 330-679-2305

**Nicole Beadnell,** *Assistant Principal/Curriculum Director*

Southern Local Elementary School 330-679-2305

**Kristy Sampson*,*** *Federal Programs Coordinator 330-679-2343*

**Laura Krulik**, *Director of Special Services* 330-679-2305

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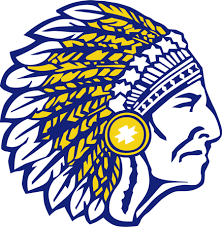
**Linda Morris**

**Gregory Sabbato, Treasurer**

Salineville, Ohio 43945

Fax 330-679-0193

330-679-2305 School



Notice of Parents Right-to-Know

RE: Every Student Succeeds Act (Public Law 114-95), Section 1112 (e)(1)(A)

Dear Parent/Guardian:

You have the right to know about the teaching qualifications of your child’s classroom teacher in a school receiving Title I funds. The federal Every Student Succeeds Act (ESSA) requires that any school district receiving Title I funds must notify parents of each student attending any school receiving Title I funds that they may request, and the district 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 teacher has met State qualification and licensing criteria for the grade levels and subject

areas in which the teacher provides instruction;

II. Whether the teacher is teaching under emergency or other provisional status through which State qualification or licensing criteria have been waived;

III. Whether the teacher is teaching in the field of discipline of the certification of the teacher; and

IV. Whether your child is provided services by paraprofessionals and, if so, their qualifications.

You may ask for the information by returning this letter to the address listed above. Or you may fax or e-mail your request to the provided fax number or e-mail address. Email address: [kristy.sampson@omeresa.net](mailto:kristy.sampson@omeresa.net) Be sure to give the following information with your request: (If district's procedure is different, list it here.)

Child’s full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sincerely,

Tom Cunningham

Superintendent

Southern Local Schools