



**Leinkauf Elementary School**  
**1410 Monroe St.**  
**Mobile, AL 36604**  
**(251) 221-1495**  
**Principal: Hope Belle-Payne**  
**Assistant Principal: Leigh Ellis**



Dear Parent/Guardian:

We are pleased to notify you that in accordance with the ***Every Student Succeeds Act of 2015***, you have the right to request information regarding the professional qualifications of your child's teacher. Specifically, you may request the following:

- Whether the teacher has met State qualification and licensing criteria for the grade levels and subject areas in which the teacher provides instruction.
- Whether the teacher is teaching under emergency or other provisional status through which State qualification or licensing criteria has been waived.
- The baccalaureate degree major of the teacher and any other graduate certification or degree held by the teacher, and the field of discipline of the certification or degree.
- Whether the child is provided services by paraprofessionals and, if so, their qualifications.

If you would like to receive this information, please complete the top portion of the enclosed form, and return the form to your child's school. Should you have any questions, feel free to contact Mrs. Hope Belle-Payne at (251) 221-1495, and she will be happy to assist you.

Sincerely,

*Hope Belle-Payne*

Principal

Principal:  
Hope Belle-Payne

Attachment B-1

**Mobile County Public School System/Leinkauf**  
**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