



# Hankins Middle School

Excellence in Action

5750 Katherine Hankins Dr. • Theodore, AL 36582 • PH 251-221-2200 • FAX 251-221-2204  
www.hankins.mcm.schoolinsites.com

## Administrators

Joshua Verkouille

Principal

Charles Ingram

Assistant Principal

Laura Carter-Walker

Assistant Principal

## School Teams

Gladiators

Knights

Spartans

Shining Saints

Titans

Vikings

Warriors

September 26, 2022

Dear Parents:

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. Thomas at (251) 221-2200, and she will be happy to assist you.

Sincerely,

Joshua Verkouille

Principal

# 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