

**Chambers County School District**  
**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) (Name of School)

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 XXXXXXXXXX (Year)

Undergraduate Degree \_\_\_\_\_ (University/College)  
Major/Discipline \_\_\_\_\_

College/University Credit \_\_\_\_\_ (Hours Major/Discipline \_\_\_\_\_)

\_\_\_\_\_  
Signature of Person Completing Form Date Returned to Parent