Jarvis Middle School
Charles Pratt, Principal
28 Grove Street
Mohawk, NY 13407
Telephone: 315-866-2620
Fax # 315-867-2908

October, 2020

Dear Parents:

Central Valley Central School District receives Title 1 funds from the federal government under Section 1116 of the Every Student Succeeds Act (ESSA) regulations. A requirement of this funding is that we inform parents of their right to know their child's teacher's qualifications and the qualifications of any paraprofessional who may be working with him/her under the Title 1 funding at Jarvis Middle School as a targeted assistance school, and any staff member, paraprofessional and teacher, at Jarvis Middle School, as a school wide project building.

You are able to request the following information about the professional qualifications of the teachers/staff:
a) Whether the child's teacher has met State qualification and licensing criteria for the grade levels and subject areas in which the teacher provides instruction;
b) Whether the teacher is teaching under emergency or other provisional status through which State qualification or licensing criteria have been waived;
c) Whether the child's teacher is teaching in the field of discipline of the certification of the teacher
d) Whether the child is provided services from paraprofessionals and if so, their qualifications.

If you wish to receive this information, please sign the attached request and return to our office. We will determine if there are any Title 1 staff working with your child and mail back a response with the details that you have requested. If you have any questions, please feel free to call us at: Jarvis Middle School, 315-866-2620.

Sincerely,

Charles Pratt

Charles Pratt
Principal
Jarvis Middle School
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If you wish to receive information about the qualifications of your child's teacher, please return this sheet to:
Mr. Charles Pratt Principal, Jarvis Middle School.

Date:_____

Dear Mr. Pratt:

I am requesting information about the qualifications of my child's teacher and/or the paraprofessional who works with him/her.

Child's Name: _____Grade/Teacher _____

Parent Name_____

Address:_____

Phone Number: _____Signature Parent/Guardian _____