

## **Southlawn Elementary**

5225 Patricia Lane, Montgomery, Alabama 36108, Phone: (334) 284-8028, Fax: (334) 284-8069

## Dear Parent:

We are pleased to notify you that in accordance with 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 go to the school's website and print a Teacher Qualification Form or request a form from the main office. Complete the top of the form and return it to your child's school. Should you have any questions, feel free to contact the school and someone will assist you.

Sincerely, *Tamara Winston*Principal



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## **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 professio          | nal qualifications o  | of                      |                 |              |                  | _                  |
|--|-----------------------|-------------------------|-----------------|--------------|------------------|--------------------|
| who teaches my child,                  |                       |                         | at              |              |                  |                    |
| My mailing address is                  |                       |                         |                 |              | School           | (Please Print)     |
| My mailing address is                  | Street (Please P      | Print)                  |                 | City         |                  | Zip                |
| My telephone number is                 |                       |                         | ·               |              |                  |                    |
| My name is                             |                       |                         | ·               |              |                  |                    |
| Na                                     | me (Please Print)     |                         |                 |              |                  |                    |
| Sig                                    | nature                |                         | <del></del>     |              | Date             | _                  |
|  | T                     | his Section to b        | be Completed    | by the Schoo | ol               |                    |
| Date Form Received:                    |                       |                         | _ Received b    | y:           |                  |                    |
| Teacher's Name:                        | Subject:              |                         |                 | ct:          |                  |                    |
| Has the teacher met state que teaches? |                       | icensing criteri<br>Yes | ia for the grad | e levels and | d subject areas  | in which he/sho    |
| Is the teacher teaching und            | ler emergency or      | other provision         |                 |              |                  |                    |
|  |                       |                         | Yes             |              | N                | бо                 |
| Undergraduate Degree Major Discipline  |                       |                         |                 |              | (University)<br> | /College)          |
| Graduate Degree                        |                       |                         |                 |              | (University)     | /College)          |
| Major Discipline                       |                       |                         |                 |              | _                |                    |
| Does a paraprofessional pro            | ovide instructional   |                         |                 |              | N                |                    |
|  |                       |                         | Yes             | _            | No               | )                  |
| If yes, what are the qualific          | ations of the parap   | professional?           |                 |              |                  |                    |
| High School Graduate                   |                       | (Year)                  |                 |              |                  |                    |
| Undergraduate Degree                   |                       |                         |                 |              |                  |                    |
| College/Un<br>Major/Disciplin          | niversity Credit      |                         |                 |              |                  |                    |
|  |                       |                         |                 |              |                  |                    |
| Sic                                    | enature of Person Com | nleting Form            |                 |              | Date I           | Returned to Parent |