

Pelham City Schools
Parents Right-To-Know • Request Teacher Qualifications

Title I, Part A, Section 1112 (3)(A), Every Student Succeeds Act of 2015

I am requesting the professional qualifications of _____
who teaches my child, _____ at _____
Child's Name (Please Print) 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 _____ (Year)
Undergraduate Degree _____ (University/College)
Major/Discipline _____
College/University Credit _____ (Hours)
Major/Discipline _____

Signature of Person Completing Form

Date Returned to Parent