

Federal Programs

400 Spruce Street Rm. 204

Greenville, North Carolina 27834

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**To: Parents in Title I Schools**

**From: Cheryl Olmsted**

**Assistant Superintendent**

**Education Programs & Services**

**Sandra Morris**

**Federal Programs Director**

**Date: August 25, 2016**

**Subject: Notification to Parents of Teacher Qualifications**

The Elementary and Secondary Education Act (ESEA) Waiver replaced the No Child Left Behind Act law requires school districts to notify parents of children attending a Title I school of their right to know the professional qualifications of the classroom teachers who instruct their child. As a recipient of these funds, Pitt County Schools will provide you with this information in a timely manner if you request it. Specifically, you have the right to request the following information about each of your child’s classroom teachers:

• Whether the teacher meets the state qualifications and licensing criteria for the grades and core academic subjects he or she teaches.

• Whether the teacher is teaching under emergency status because of special circumstances.

• The teacher’s college major, whether the teacher has any advanced degrees, and the field of discipline of the certification or degree.

• Whether teacher assistants provide services to your child and, if so, their qualifications.

In addition, the law requires that all schools that receive Title I funds must provide notification to every parent in the school whose child is being taught for four or more weeks by a teacher who is not highly qualified.

Pitt County Schoolsis committed to providing quality instruction for all students and does so by employing the most qualified individuals to teach and support each student in the classroom. If you would like to receive any of the information listed above for your child’s teacher, please complete the enclosed form and send in as directed in the instructions.

Encl.: Teacher/Teacher Assistant Information Request Form

**Pitt County Schools**

**TEACHER/TEACHER ASSISTANT INFORMATION REQUEST FORM**

**Request for Information about Teacher/Teacher Assistant Qualifications**

Instructions to Parents: Please complete this form. Use a separate form for each teacher or teacher assistant. Return the completed form to your school’s office or mail to: Pitt County Schools Human Resources, 1717 West Fifth Street, Greenville, NC 27834*.* Information will be sent to you within 30 days.

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Teacher: Mr. Mrs. Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

or

Name of Teacher Assistant: Mr. Mrs. Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subject (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent(s) Requesting Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address (where information is to be sent or faxed):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip code

Fax number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime telephone number in case of questions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For district use:

Received by: school/date/initials

Received by: HR/date/initials

Completed by: initials/mail/fax/date