Request For Information About Teacher Qualifications

The information provided on this form meets the requirements of the Elementary and Secondary Education Act as reauthorized in 2015, the "Every Child Succeeds Act".

Instructions to Parents: Please fill this out in dark ink. Print legibly. Use a separate form for each teacher. Return the completed form to your school's office or send it by mail to:

Human Resources Department
Attention: Michael Gradoz, Assistant Superintendent, HRD
Boulder Valley School District
6500 East Arapahoe Road
Boulder, CO 80303

School Name ____________________________________________________________

Name of Teacher 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. Sorry, we cannot return the form by fax or email).

____________________________________________________________________

City ____________________ State ________ Zip ______________

Daytime telephone number in case of questions ___________________________

Information will be provided on the other side of this form and mailed back to you within 30 days.
School Name ____________________________________________________________

Name of Teacher/Paraprofessional ________________________________________

TEACHERS

This teacher: □ is □ is not licensed in the State of Colorado.
□ is licensed in another state ____________________

Endorsements: □ Elementary □ Secondary
□ Subject(s) ________________________
____________________________________

□ This teacher has an emergency Colorado teaching license or has had licensing requirements waived.

□ This teacher holds the following college degrees:

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<tr>
<th>Year</th>
<th>Institution</th>
<th>Degree</th>
<th>Major Subject</th>
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□ This teacher is considered qualified to teach the following additional subjects because he or she has earned sufficient additional college credit hours in these subjects or passed a state-approved exam:

____________________________________
____________________________________

PARAPROFESSIONALS

This individual is a paraprofessional who: ___does or may □ OR ____does not provide services to your child.

This paraprofessional meets the following district requirements for this position:

□ has two or more years of college education, OR
□ has passed a district competency test, AND/OR
□ has additional required skills for their position