



Alexander County Schools

700 LILEDOWN ROAD
TAYLORSVILLE, NORTH CAROLINA 28681

To: All Parents in Title I Schools
From: Dr. Alisha Cloer
Subject: Notification to Title 1 School Families

According to Board of Education Policy 1320/3560 you have the right to be notified of the following information: 1- The professional qualifications of the classroom teachers and / or teacher assistants who instruct your child. 2- Your child's state assessment levels and growth. 3- State required assessment information. You will receive your child's state assessment levels and growth, along with the information about the state assessments as they occur. Please see the information below regarding the requests for the professional qualifications of your child's classroom teachers or teacher assistants.

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.

Alexander County Schools is 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 attached form and send in as directed.



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TEACHER/TEACHER ASSISTANT INFORMATION REQUEST FORM

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Request for Information About Teacher/Teacher Assistant Qualifications

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; attention the principal. Information will be sent to you within 30 days.

School Name: _____

Teacher: Mr. Mrs. Ms. _____

or

Teacher Assistant: Mr. Mrs. Ms. _____

Grade Level: _____ **Subject (if applicable):** _____

Name of Parent Requesting Information: _____

Name of Student: _____

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

Street

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

Copy to:

Notes: