



# Boaz Middle School

Mr. Kyle Pinckard  
Principal

Ms. Erika Sullivan  
Assistant Principal

Ms. Jenn1y Franks  
Instructional Partner

August 26, 2022

**Dear Parent**

We are pleased to notify you that in accordance with the *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 complete the top portion of the enclosed form, and return the form to your child's school. Should you have any questions, feel free to contact Caleb Pinyan at 256-593-8180

Sincerely,

Kyle Pinckard  
Principal, Boaz Middle School

 (Expectation of Excellence, Everyday by Everyone)

140 Newt Parker Drive • Boaz, AL 35957  
Office (256) 593-0799 Fax (256) 593-0729

**Boaz City School System**  
**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 professional qualifications of \_\_\_\_\_

who teaches my child, \_\_\_\_\_ at \_\_\_\_\_  
Child's Name (Please Print) School (Please Print)

My mailing address is \_\_\_\_\_  
Street (Please Print) City Zip

My telephone number is \_\_\_\_\_.

My name is \_\_\_\_\_ (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