

## D. A. Smith Middle School

994 Andrews Avenue Ozark, Alabama 36360

(334) 774-4913 FAX (334) 774-0568 www.das.ozarkcityschools.net



September 1, 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 another 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 contact the school either in writing or by phone call. Should you have any questions, feel free to contact Dr. Peterman, the school principal, at (334) 774-4913, and I will be happy to assist you.

Thanks,

Danelle Peterman Ed.D. D.A. Smith Middle School, Principal

The Ozark City School District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the nondiscrimination policies: Natasha Allen, Section 504 Coordinator, 860 N. U.S. Highway 231, Ozark, AL 36360, (334) 774-5197 ext. 2540; Email: nallen@ozarkcityschools.net

## **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	School
My mailing address isStreet (Please Print)		Zip
My telephone number is		
My name is Name (Please Print)		
Name (Please Print)		
Signature		Date
This Section to be Complete		
Date Form Received:	Received by:	
Teacher's Name:	Subject:	
Has the teacher met state qualifications and licensing criter he/she teaches? Yes	ia for the grade leve	
Is the teacher teaching under emergency or other provision Yes	al status?	No
Undergraduate Degree Major Discipline		
Graduate Degree Major Discipline		
Does a paraprofessional provide instructional services to the Yes If yes, what are the qualifications of the paraprofessional		No
<u> </u>	<i></i>	
Undergraduate Degree Major/Discipline		rsity/College)
College/University Credit (Hours Majo	or/Discipline	
Signature of Person Completing Form		Date Returned to Parent