

**Fayette County Schools**  
***Parents Right to Know***  
***Teacher Qualification Request***

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 \_\_\_\_\_  
Name (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: \_\_\_\_\_

Undergraduate Degree: \_\_\_\_\_ (University/College)  
Major Discipline: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Completing Form Date Returned to Parent