

**St. Cloud Area School District 742  
Right to Request Teacher Qualifications**

School: \_\_\_\_\_

Date: \_\_\_\_\_

Our Title I, Part A, Program schools receive federal funds for programs that are part of the Elementary and Secondary Education Act (ESEA), as amended in 2015. Based on this, teachers must have earned state certification and licensure. State certification and licensure supports the training required to be a teacher.

St. Cloud Area School District 742 is comprised of many qualified and skilled teachers and instructional paraprofessionals. Under ESEA and Title I, parents have the right to request information about the professional qualifications of their child's teacher(s) or paraprofessional(s). A paraprofessional provides academic or other support for students under the direct supervision of a teacher. If you request this information, the district or school will provide you with the following status as soon as possible:

- Teacher has met state certification and licensing requirements for the grade levels and subjects for which the teacher provides instruction;
- If state certification and licensing requirements have been waived (is not being required at this time) for the teacher under emergency or other temporary status;
- Teacher is teaching in the area for which certified or licensed;
- Whether your child is receiving services from paraprofessionals and para qualifications

Our staff are committed to supporting your child's academic, social, and emotional learning and growth. The district is committed to making sure all our teachers and paraprofessionals are qualified and skilled. If you would like to request information about your child's teacher or instructional paraprofessional's qualifications as above, please contact the Title I Office at the following:

Title I Office, St. Cloud Area School District 742, 1201 2<sup>nd</sup> St. S., Waite Park, MN 56387

320-370-8000, Ext. 8095 (The Title Office will work with the District Human Resources Dept. on your behalf.) Please provide the information below:

Child's Name and Grade:	
Parent(s)/Legal Guardian's Name:	
Parent(s)/Legal Guardian's Signature:	
Parent(s)/Legal Guardian's Email and Phone Number:	

Thank you for your interest and involvement in your child's education.

OFFICE USE ONLY		
Student ID #:	Date Distributed:	Dept.: