

## **HIGHLY QUALIFIED TEACHER SAMPLE LETTER AND FORMS FOR PROVISION 1**

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### **NOTE TO SCHOOL AND DISTRICT PERSONNEL: (DO NOT PRINT)**

**At the beginning of the school year, districts must notify all parents of students attending Title I schools that they may request and the district must provide (in a timely manner) information regarding the professional qualifications of students' classroom teachers including, at a minimum, the following:**

- Whether the teacher has met state qualifications and licensing criteria for the grade levels and subject areas in which the teacher provides instruction.
- Whether the teacher is teaching under an emergency license through which the state qualifications or licensing criteria have been waived.
- The baccalaureate degree major of the teacher and any other graduate certification or degree held by the teacher, and the field or discipline of the certification or degree.
- Whether the child is provided services by paraprofessionals and, if so, their qualifications.

Districts and schools need to determine the contact persons and procedures for responding to parents asking for teacher qualification information. If schools are disseminating the teacher information, districts need to work with each school in identifying Highly Qualified teachers.

**Please note bracketed, italicized areas where specific information needs to be added in the below template.**

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To: All Parents in Title I Schools  
From: *[DISTRICT]* SUPERINTENDENT  
Date:  
Subject: Notification to Parents of Teacher Qualifications

The federal No Child Left Behind law requires school districts to notify parents of children attending a Title I school of their right to know the professional qualifications of the classroom teachers who instruct their child.

As a recipient of these funds, *[DISTRICT]* will provide you with this information in a timely manner if you request it. Specifically, 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.

*[DISTRICT]* 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 enclosed form and send in as directed.

Encl.: Teacher/Teacher Assistant Information Request Form

**TEACHER/TEACHER ASSISTANT INFORMATION REQUEST FORM**

*[DISTRICT]*

Request for Information About Teacher/Teacher Assistant Qualifications

Instructions 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 or mail to: *[DISTRICTS WILL NEED TO DETERMINE EXACTLY WHERE FORMS SHOULD BE SENT AND HOW THEY WILL BE RETURNED TO PARENTS.]* Information will be sent to you within 30 days.

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

Name of Teacher: Mr. Mrs. Ms. \_\_\_\_\_

or

Name of Teacher Assistant: Mr. Mrs. Ms. \_\_\_\_\_

Grade Level: \_\_\_\_\_ Subject (if applicable): \_\_\_\_\_

Name of Parent(s) Requesting Information: \_\_\_\_\_

Name of Student: \_\_\_\_\_

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

\_\_\_\_\_  
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:

**TEACHER/TEACHER ASSISTANT INFORMATION RESPONSE FORM**

NAME OF TEACHER: \_\_\_\_\_

This teacher has a (bachelor's, master's) degree in \_\_\_\_\_ (subject).

This teacher (does, does not) meet the state qualifications and licensing criteria for the grades and subjects he or she teaches. \_\_\_\_\_ (List grades/subjects.)

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This teacher (is, is not) licensed in the State of North Carolina.

(If applicable) This teacher is licensed in another state: \_\_\_\_\_

This teacher (is, is not) teaching under emergency status because of special circumstances.

NAME OF TEACHER ASSISTANT: \_\_\_\_\_

This teacher assistant works under the direct supervision of a Highly Qualified teacher, has a high school diploma or its equivalent, and has obtained/completed or is in the process of obtaining/completing: (check one and circle appropriately)

\_\_\_ obtained / is obtaining required coursework at an institution of higher education; **or**

\_\_\_ obtained / is obtaining an associate's degree from an accredited community college, technical school or other institution of higher education; **or**

\_\_\_ completed / is completing the North Carolina Department of Labor Teacher Assistant Apprenticeship Program; **or**

\_\_\_ completed / is completing Level I competencies of the North Carolina Association of Teacher Assistants Professional Development Program; **or**

\_\_\_ completed / is completing the community college placement tests in reading, mathematics and writing, and 96 hours of staff development in reading, writing, mathematics, working with special populations of students, technology, or classroom management; **or**

\_\_\_ completed / is completing the WorkKeys Occupational Profile for Teacher Assistants in the areas of reading, writing and mathematics, and completed 96 hours of staff development in reading, writing mathematics, working with special populations of students, technology or classroom management.