

Ashley Park Pre-K - 8 School

2401 Belfast Drive

Charlotte, NC 28208

☎ 980-343-6018

☒ 980-343-6120

To: All Parents/Legal Guardians in Title I Schools

From: Joline Adams

Date: 09/30/2021

Subject: "Right to Know" Notification to Parents of Teacher and Teacher Assistant Qualifications

The federal Every Student Succeeds Act 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, Charlotte-Mecklenburg Schools 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 or 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.

Charlotte-Mecklenburg Schools 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

Joline Adams
Principal-Joline Adams

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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.) _____

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.

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TEACHER/TEACHER ASSISTANT INFORMATION REQUEST FORM

Charlotte-Mecklenburg Schools

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: 2401 Belfast Drive Charlotte, NC 28208. 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: _____