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

[Signature]  
Principal-Joline Adams
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.
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: ________________________________