

To: All Parents in Title I Schools  
From: *Julie Mayhew, District Title I Director*  
Date: 2017-2018 School Year  
Subject: Notification to Parents of Teacher Professional Qualities

Parents of students in Title I funded schools are entitled to information about the professional qualifications of the teachers who instruct their children. This information is available by parent request.

As a recipient of Title I funds, the Burrillville School Department 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;
- Whether teacher assistants provide services to your child and, if so, their professional qualifications.

The Burrillville School Department 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 attached form and send in as directed.

Attached: Teacher Information Request Form

## TEACHER/TEACHER ASSISTANT INFORMATION REQUEST FORM

### Burrillville School Department

Request for Information about Teacher/Teacher Assistant Professional Qualifications

**Instructions to Parents:** Please complete this form. Use a separate form for each teacher.

Return the completed form to:

**Julie Mayhew, Title I Director  
2300 Bronco Highway  
Harrisville, RI 02830**

*Information will be sent to you within 30 days.*

<b>School Name:</b>	
<b>Teacher/Assistant Name:</b> Mr. Mrs. Ms.	
<b>Grade Level:</b>	<b>Subject</b> (if applicable):
<b>Name of Parent(s) requesting information:</b>	
<b>Student Name:</b>	
<b>Mailing Address</b> (where information is to be sent or faxed):	
<b>City, State, Zip Code</b>	
<b>Fax Number</b> (if applicable):	<b>Phone Number</b> (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 INFORMATION RESPONSE FORM

<b>Name of Teacher:</b>
This teacher has a <b>Bachelor's Degree</b> <b>Master's Degree</b> in (subject)
This teacher <b>does</b> <b>does not</b> meet the state qualifications and licensing criteria for the grades and subjects s/he teaches: (list subjects here)
This teacher <b>is</b> <b>is not</b> licensed in the state of Rhode Island.
(If applicable) This teacher is licensed in another state <b>Yes</b> <b>No</b> State:
This teacher <b>is</b> <b>is not</b> teaching under emergency status due to special circumstances.

## TEACHER ASSISTANT INFORMATION RESPONSE FORM

Name of Teacher Assistant:

This teacher assistant **has** **does not have** a high school diploma or general equivalency.

This teacher assistant **completed** **did not complete** a Rhode Island Department of Education approved Teacher Assistant Program or the equivalent as outlined below.

Description of Teacher Assistant Program completed: