



PRINCIPAL- KERRI ANDERSON  
ASSISTANT PRINCIPAL- TIFFANY WARD  
ASSISTANT PRINCIPAL- BRIAN DOBIE  
ASSISTANT PRINCIPAL- DR. YVONNE JONES

**PARENT RIGHT TO KNOW NOTICE  
LEON COUNTY SCHOOLS**

Date: 08/25/2025

Dear Parent(s)/Guardian(s):

We are pleased to notify you that, in accordance with Every Student Succeeds Act (ESSA), you have the right to request information regarding the professional qualifications of your child's teacher. Specifically, you may request the following:

- Information about whether the teacher has met state qualification and licensing criteria for the grade levels and subject areas in which the teacher provides instruction.
- Information about whether the teacher is teaching under emergency or other provisional status through which state qualification or licensing criteria has been waived.
- Information about the baccalaureate degree major of the teacher and any other graduate certification or degree held by the teacher as well as the field of discipline for the certification or degree.
- Information about whether the child is provided services by paraprofessionals and, if so, their qualifications.

If you would like to receive the information above, please complete the top portion of the enclosed form and return it to your child's school.

In addition, you may request the following information about state assessments from your child's school:

- Information about the level of achievement and academic growth of your child, if applicable and available, on each of the state academic assessments required under ESSA

Please contact the school at 850-617-5353 to request assessment information.

If you have any questions, feel free to call Kerri Anderson at 850-617-5353 and she will be happy to assist you.

Sincerely,

Principal

**800 Alabama Street ~ Tallahassee, Florida 32304 ~ Ofc: 850. 617.5353 ~ Fax: 850.488.2010**

*"The Leon County School District does not discriminate against any person on the basis of sex (including transgender status, gender nonconforming, and gender identity), marital status, sexual orientation, race, religion, ethnicity, national origin, age, color, pregnancy, disability, military status, or genetic information."*





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## Parents Right-To-Know Request for Teacher Qualifications/Assessment Information

Title I, Part A, Section 1112(c) (6), *Every Student Succeeds Act*, Public Law 114-95

I am requesting the professional qualifications of \_\_\_\_\_  
Name of My Child's Teacher (Please Print)

\_\_\_\_\_  
Child's Name (Please Print) School (Please Print)

Mailing Address \_\_\_\_\_  
Street (Please Print) City Zip

My name is \_\_\_\_\_  
Name (Please Print)

Telephone number \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_  
Signature Date

### OFFICE USE ONLY: THIS SECTION WILL BE COMPLETED BY THE SCHOOL.

Date Form Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Subject: \_\_\_\_\_

Has the teacher met state qualifications and licensing criteria for the grade levels and subject areas in which he/she teaches?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is the teacher teaching under emergency or other provisional status? \_\_\_\_\_ Yes \_\_\_\_\_ No

Undergraduate Degree \_\_\_\_\_ (University/College)

Major Discipline \_\_\_\_\_

Graduate Degree \_\_\_\_\_ (University/College)

Major Discipline \_\_\_\_\_

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Does a paraprofessional provide instructional services to the student? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what are the qualifications of the paraprofessional?

High School Graduate \_\_\_\_\_ (Year) \_\_\_\_\_

Undergraduate Degree \_\_\_\_\_ (University/College)

Major/Discipline \_\_\_\_\_

College/University Credit \_\_\_\_\_ (Hours) Major/Discipline \_\_\_\_\_

Signature of Person Completing Form \_\_\_\_\_ (Print Title)

\_\_\_\_\_ Date Returned to Parent

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