

# JAMES S. RICKARDS HIGH SCHOOL

3013 Jim Lee Road

Tallahassee, Florida 32301

Tel: (850) 414-5500

Fax: (850) 922-7104



Dr. Deborah Barnes, AP – Curriculum  
Mr. Robert McBride, AP–Administration/Discipline  
Mr. Chris Cowart, AP – Facilities/Attendance  
Mr. Sam Striplin, Dean of Students  
Ms. Claudette Farmer, Athletic Director

Dr. Joe Williams, IB Coordinator  
Dr. Aretha McNeil, AP Coordinator  
Mr. Earl Hankerson, AVID/CTE Coordinator  
Mr. Fred Varn, IB Dean  
Mr. Harold Edwards, Assistant Athletic Director

**Mr. Douglas Cook, Principal**

## 2021-2022 PARENT RIGHT TO KNOW NOTICE LEON COUNTY SCHOOLS

August 18, 2021

Dear Parent(s)/Guardian(s):

We are pleased to notify you that, in accordance with the *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.

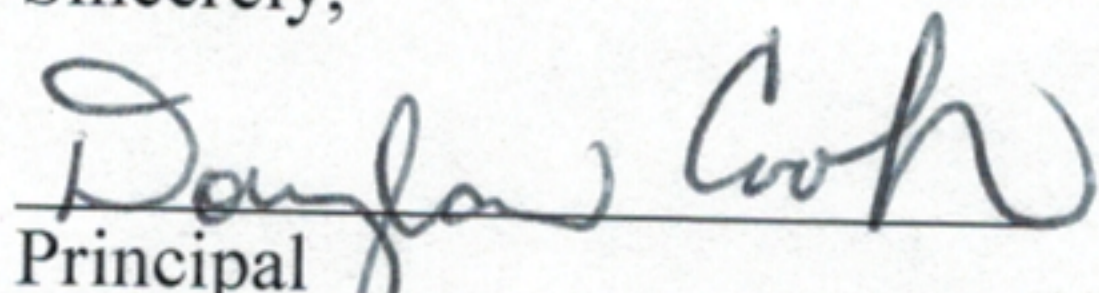
If you would like to receive the information above, please complete the top portion of the enclosed form and return it to your child's school.

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 850-414-5500 to request assessment information. If you have any questions, feel free to contact Dr. D. Barnes at [barnesd3@leonschools.net](mailto:barnesd3@leonschools.net) or at (850) 414-5500 and she will assist you.

Sincerely,

  
Principal

*"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, or genetic information."*



**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)

My mailing address is \_\_\_\_\_  
Street (Please Print) City Zip

My telephone number is \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DO NOT COMPLETE THIS SECTION. IT 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 \_\_\_\_\_

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

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

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