

Bond Elementary School

2204 Saxon Street
Tallahassee, Florida 32310
(850) 488-7676 - Fax (850) 922-5206



Ms. Delshuana Jackson, Principal
Ms. Cheryl Truesdell-Mitchell, Assistant Principal

2025-2026 PARENT RIGHT TO KNOW NOTICE LEON COUNTY SCHOOLS

Date: August 11, 2025

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.

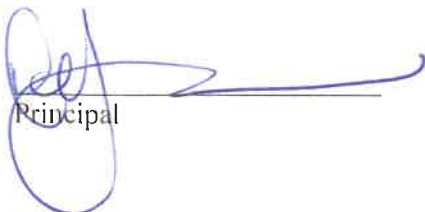
In addition, you may request the following information about state assessments from your child's school:

- 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 to request assessment information.

If you have any questions, feel free to contact me at (850) 488-7676 or via email at delshuana.jackson@eonschools.net.

Sincerely,



Principal

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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 _____

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)