## ASTORIA PARK ELEMENTARY SCHOOL

2465 Atlas Road Phone: 850-488-4673

ORONDE MCKHAN PRINCIPAL Tallahassee, FL 32303 Website: leonschools.net/astoriapark

> KATRINA BRADWELL ASST. PRINCIPAL IVORY GABRIEL ASST. PRINCIPAL

## PARENT RIGHT TO KNOW NOTICE LEON COUNTY SCHOOLS

August 22, 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 to request assessment information.

If you have any questions, feel free to call Dwanna Moore at (850)488-3673 and she will be happy to assist you.

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 Chi	ild's Teacher (F	Please Print)
Child's Name (Please Print)	School (Ple	ease Print)	
Mailing Address			
Street (Please Print) My name is		City	Zip
Name (Please Print) Telephone number			
Telephone number			
Signature		Date	
OFFICE USE ONLY: THIS SECTION Date Form Received:			
Teacher's Name:	Subject:		
leacnesr res		No	
teaches? Yes Is the teacher teaching under emergency or other provisi Undergraduate Degree			(University/College)
Is the teacher teaching under emergency or other provisi  Undergraduate Degree  Major Discipline		Yes	(University/College)
Is the teacher teaching under emergency or other provisi  Undergraduate Degree		Yes	(University/College)
Is the teacher teaching under emergency or other provisi  Undergraduate Degree  Major Discipline  Graduate Degree	the student??	Yes	(University/College)  (University/College)
Is the teacher teaching under emergency or other provisi  Undergraduate Degree  Major Discipline  Graduate Degree  Major Discipline  Does a paraprofessional provide instructional services to all yes, what are the qualifications of the paraprofessional	the student??	Yes Yes	(University/College) (University/College)No
Is the teacher teaching under emergency or other provisi  Undergraduate Degree  Major Discipline  Graduate Degree  Major Discipline  Does a paraprofessional provide instructional services to If yes, what are the qualifications of the paraprofessional High School Graduate (Year)	the student? ?	Yes Yes	(University/College) (University/College)No



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