John T. Olson Principal



Yashica Washington Assistant Principal

Rosie Wyatt Assistant Principal

Hartsfield Elementary Magnet School for International Studies

An International Baccalaureate World School

PARENT RIGHT TO KNOW NOTICE LEON COUNTY SCHOOLS

August 27, 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 an emergency or other provisional status through which state qualification or licensing criteria have 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

If you have any questions, feel free to call me at (850) 488-7322, and I will be happy to assist you.

Sincerely,

Principal (

1414 Chowkeebin Nene • Tallahassee, Florida 32301 • (850) 488-7322 • Fax (850) 922-2372

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 (Pl	ease Print)
Child's Name (Please Print)	School (Please Print)		44
Mailing Address			
Street (Please Print)		City	Zip
My name isName (Please Print)			
	-		
Telephone number	Binail		P-12 ^{1/4}
Signature	-	Date	
OFFICE USE ONLY: THIS SEC	TION WILL BE COM	PLETEDI	BY THE SCHOOL.
Date Form Received:	Received by:		
Teacher's Name:	Subject:		
Has the teacher met state qualifications and licensing Yes	criteria for the grade lev No	els and subj	ect areas in which he/she teache
is the teacher teaching under emergency or other prov	risional status?	Yes	No
Undergraduate Degree			(University/College)
Major Discipline			
Graduate Degree			(University/College)
Major Discipline			
Does a paraprofessional provide instructional services			No
If yes, what are the qualifications of the paraprofessio	nal?		
High School Graduate (Y	ear)		
Undergraduate Degree			(University/College)
Major/Discipline			
	Tours) Major/Discipline		