

7800 IBM Drive Charlotte, North Carolina 28262

To: All Parents in Title I Schools From: *Ayinde Rudolph, Principal*

Date: 8/11/2011

Subject: "Right to Know" Notification to Parents of Teacher and Teacher Assistant Oualifications

The federal No Child Left Behind law requires school districts to notify parents of children attending a Title I school of their **right to know** the professional qualifications of the classroom teachers who instruct their child.

As a recipient of these funds, *Charlotte-Mecklenburg Schools, specifically James Martin Middle*, will provide you with this information in a timely manner if you request it. Specifically, you have the right to request the following information about each of your child's classroom teachers:

- Whether the teacher meets the state qualifications and licensing criteria for the grades and
- core academic subjects he or she teaches.
- Whether the teacher is teaching under emergency status because of special circumstances.
- The teacher's college major, whether the teacher has any advanced degrees, and the field of
- discipline of the certification or degree.
- Whether teacher assistants provide services to your child and, if so, their qualifications.

In addition, the law requires that all schools that receive Title I funds must provide notification to every parent in the school whose child is being taught for four or more weeks by a teacher who is not Highly Qualified.

James Martin Middle School is committed to providing quality instruction for all students and does so by employing the most qualified individuals to teach and support each student in the classroom. If you would like to receive any of the information listed above for your child's teacher, please complete the enclosed form and send in as directed.

Encl.: Teacher/Teacher Assistant Information Request Form



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TEACHER/TEACHER ASSISTANT INFORMATION REQUEST FORM

Charlotte-Mecklenburg Schools – James Martin Middle School

Request for Information About Teacher/Teacher Assistant Qualifications

Instructions to Parents: Please complete this form. Use a separate form for each teacher or teacher assistant. Return the completed form to your school's office or mail to: *James Martin Middle School*, 7800 *IBM Dr. Charlotte*, NC 28269. Information will be sent to you within 30 days.

School Name:				
Name of Teacher: Mr. M				
Name of Teacher Assistant:				
Grade Level:		Subject (if app	Subject (if applicable):	
Name of Parent(s) Requesting	ng Information:			
Name of Student:			_	
Mailing Address (where info	rmation is to be sent	t or faxed):		
City	State	Zip code	Fax number:	
Daytime telephone number i	n case of questions:			
For district use: Received by: school/date/ini Received by: HR/date/initial Completed by: initials/mail/ Copy to: Notes:	tials ls			

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