



Our Mission

To prepare our students to be successful, contributing members of their communities through excellence in education.

126 West State Street - Wellsville, New York 14895 - 585-596-2170

Ms Kimberly A. Mueller, Superintendent

www.wellsville.wnyric.org

Ms Mariah Kramer, Director of Curriculum, Instruction & Technology

To: Wellsville Central School Parent
From: Building Principal
Date: August 11, 2015
Subject: Notification to Parents of Teacher Qualifications

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, Wellsville Central School District 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.

Wellsville Central School District 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

Wellsville Central School District
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: 126 W. State St., Wellsville, NY 14895 Information will be sent to you within 30 days.

School Name: _____

Name of Teacher: Mr. Mrs. Ms. _____
or

Name of Teacher Assistant: Mr. Mrs. Ms. _____

Grade Level: _____ Subject (if applicable): _____

Name of Parent(s) Requesting Information: _____

Name of Student: _____

Mailing Address (where information is to be sent or faxed):

City State Zip code

Fax number: _____

Daytime telephone number in case of questions: _____

For district use:

Received by:

Received by:

Completed by:

Copy to:

Notes: