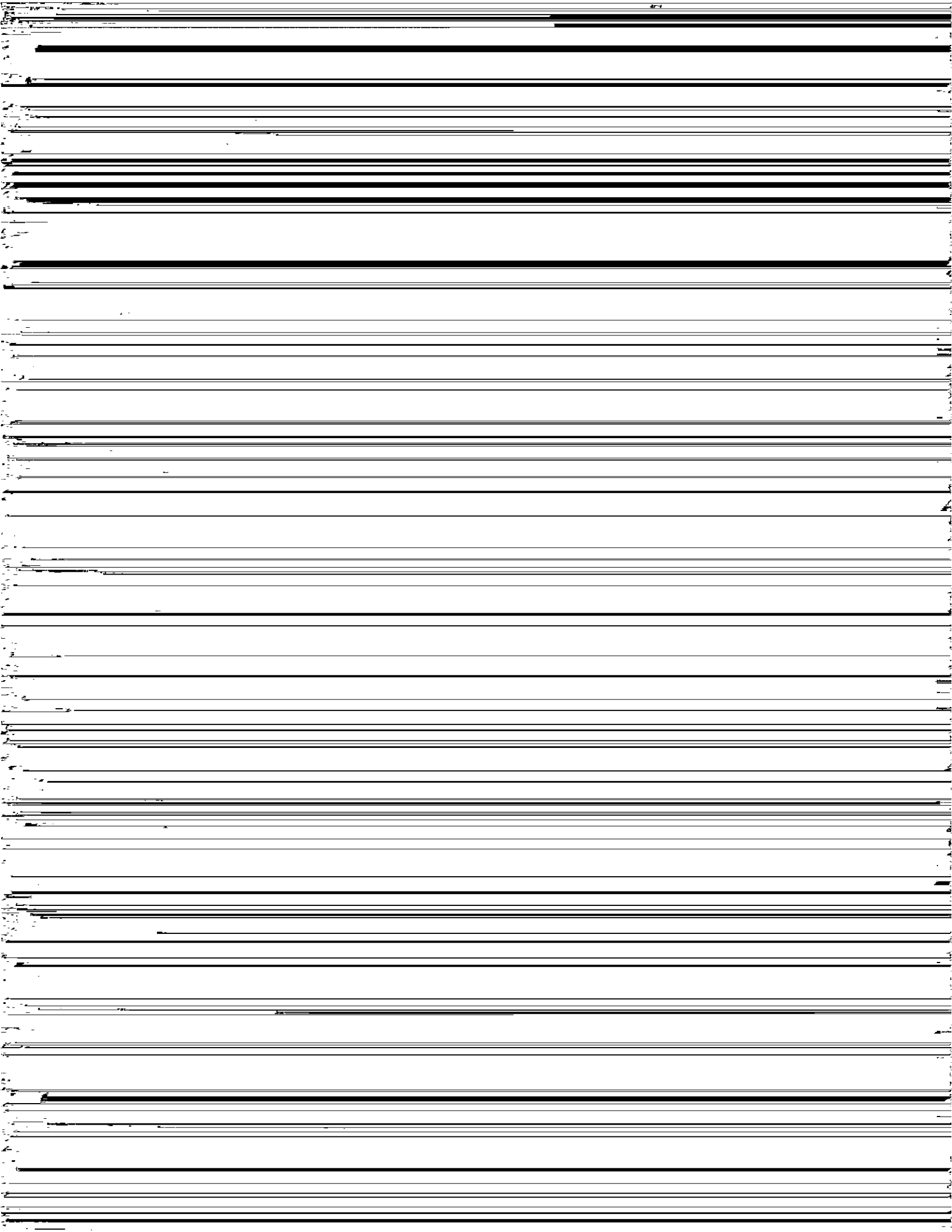




TEACHER/TEACHER ASSISTANT INFORMATION RESPONSE FORM

NAME OF TEACHER: _____

This teacher has a (bachelor's, master's) degree in _____ (subject).

This teacher (does, does not) meet the state qualifications and licensing criteria for the grades and subjects he or she teaches. _____ (List grades/subjects.)

This teacher (is, is not) licensed in the State of North Carolina.

(If applicable) This teacher is licensed in another state: _____

This teacher (is, is not) teaching under emergency status because of special circumstances.

NAME OF TEACHER

ASSISTANT: _____

TEACHER/TEACHER ASSISTANT INFORMATION REQUEST FORM

Charlotte-Mecklenburg Schools

Request for Information About Teacher/Teacher Assistant Qualifications

~~Instructional Director~~ Please complete this form. If you are a teacher or teacher assistant, please return this form to your principal.

teacher assistant. Return the completed form to your school's office or mail to: *[School Address.]*
Information will be sent to you within 30 days.

School Name: _____