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:_____

[redacted]

TEACHER/TEACHER ASSISTANT INFORMATION REQUEST FORM

Charlotte-Mecklenburg Schools

Request for Information About Teacher/Teacher Assistant Qualifications

[redacted]

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: _____