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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:
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: ______________________________

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Solicitud de

NAME OF TEACHER: ___________________________________

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NOMBRE DEL MAESTRO: ___________________________________

Este maestro tiene un grado de (licenciatura, maestría) en la siguiente materia: _________________.

Este maestro (sí, no) reúne las cualificaciones del estado y criterio de licenciatura para los grados y materias que él o ella enseñan. __________________________________ (Lista de grados/materias) ____

Este maestro (está, no está) licenciado en el Estado de Carolina del Norte.

Este maestro tiene smste E