Para: Todos los Padres de las Escuelas de Título I
De:
Título I Fecha: 12, de septiembre de 2024

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: _____

Solicitud de informaci·n acerca de las Cualificaciones de Maestro/ Asistente de Maestro

Instrucciones para los padres: Por favor, complete este formulario. Utilice un formulario individual para cada maestro o asistente de maestro. Env²e el formulario completo a la oficina

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:_____

This teacher assistant works under the direct supervision of a Highly Qualified teacher, has a high school diploma or its equivalent, and has obtained/completed or is in the process of obtaining/completing: (check one and circle appropriately)

___ obtained / is obtaining required coursework at an institution of higher education;

___ obtained / is obtaining an associate's degree from an accredited community college, technical school or other institution of higher education;

___ completed / is completing the North Carolina Department of Labor Teacher Assistant Apprenticeship Program;

___ completed / is completing Level I competencies of the North Carolina Association of Teacher Assistants Professional Development Program;

___ completed / is completing the community college placement tests in reading, mathematics and writing, and 96 hours of staff development in reading, writing, mathematics, working with special populations of students, technology, or classroom management;

___ completed / is completing the WorkKeys Occupational Profile for Teacher Assistants in the areas of reading, writing and mathematics, and completed 96 hours of staff development in reading, writing mathematics, working with special populations of students, technology or classroom management.

NOMBRE DEL MAESTRO: _____desonal_____

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 su licenciatura en otro estado (Si es aplicable): _____

Este maestro (está, no está) enseñando, en un caso de emergencia, debido a circunstancias especiales.

NOMBRE DEL ASISTENTE DE MAESTRO:

_____

Este asistente de maestro trabaja bajo la supervisión directa de un maestro Altamente Cualificado, tiene un diploma de la escuela superior o su equivalente y ha recibido/completado o está en el proceso de recibir/completar:
(check one and circle appropriately)

___ recibió/está recibiendo los cursos requeridos en una institución de educación superior;

___ recibió /está por recibir su grado de asociado de un Centro de Formacion Profesional acreditado de la comunidad ( ),escuela técnica u otra institución de educación superior;
___ completó/está completando el Programa de Aprendizaje de Asistente de Maestro del Departamento Laboral de Carolina del Norte;

___ completó/ está completando los estudios del Nivel I del Programa de Capacitación Profesional de Asistente de Maestro de la Asociación de Carolina del Norte;

___ completó/está completando los exámenes de ubicación en lectura, matemática y escritura en un colegio comunitario y 96 horas de capacitación personal en lectura, escritura y matemática; trabajó/está trabajando con