

**Every Student Succeeds Act (ESSA)
Parent's Right to Know Request Form
2020-2021**

Student's Name _____ Date of Birth _____

Today's Date _____

Parent's Name _____ Phone Number _____

Home Address _____

Parent's Email Address _____

I am requesting information on my child's teacher(s) and/or paraprofessional(s) named below:

(Please indicate the last name, first name of the teacher(s) / paraprofessional(s), if necessary contact the school office for this information)

No.	Last Name, First Name, MI	Position	Subject taught
1			
2			
3			
4			

- Note:**
- ❖ This notice is to request information on the teacher(s) and/or paraprofessional(s) qualifications that parents have a right to know under *ESSA*.
 - ❖ Notification of a teacher's qualifications does not include the right to request that your child be reassigned to another classroom.
 - ❖ Fax this form to 469.840.0902 to the attention of Kathy Thompson, **Human Resources Services**

Parent/ Guardian's Signature: _____

Date: ____/____/____

I verify that the personnel named above is/was the teacher(s)and/or paraprofessional(s) for the stated student.

Printed Name: _____ Date: _____

Signature: _____

