

## Catalina Foothills Unified School District #16 2101 E. River Road, Tucson, AZ 85718 (520) 209-7570 FAX

(520) 209-7500

www.cfsd16.org

Date:

## Request for Information: Parent's Right to Know

## As Required by the Every Student Succeeds Act (ESSA)

Dear Parent(s)/Legal Guardian(s):

Parent/Legal Guardian Name

The Catalina Foothills School District receives federal funds for Title I programs that are part of the Every Student Succeeds Act (ESSA). Under ESSA, you have the right to request information regarding the professional qualifications of your child's classroom teacher(s) and paraprofessionals, if your child receives services from a paraprofessional.

Please complete the information below and return this form to the main office at your child's school. The requested information will be provided within 5 to 7 business days.

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Email Address:	Phone/Cell:		
Student's Name		Grade:	
Information is being request	ed on the following (please check all that apply):		
Teacher Name:			
Type of credential/certific	cation held		
Content area(s)			
Baccalaureate degree maj	jor and other graduate certification or degrees		
Whether the teacher is te	aching under emergency or substitute status		
Paraprofessional Name (if ap	plicable):		
Paraprofessional qualifica	tions		
For District office use only:			
Date form received:		_	
Date completed and returned	l to parent/legal guardian		