



South Carolina Virtual Charter School
Parents Right-To-Know Request Teacher Qualifications

Title I, Part A, Section 1111(h)(6), *No Child Let Behind Act of 2001*, Public Law 107-110

I am requesting the professional qualifications of _____

who teaches my child, _____ at SCVCS.
Child's Name (Please Print)

My mailing address is _____
Street (Please Print) City Zip

My telephone number is _____.(include area code)

My name is _____.(Please Print)

Signature Date

This Section to be Completed by School

Date Form Received: _____ Received by: _____

Teacher's Name: _____ Subject: _____

Has the teacher met state qualifications and licensing criteria for the grade levels and subject areas in which he/she teaches?
Yes _____ No _____

Is the teacher teaching under emergency or other provisional status?

Yes _____ No _____

Undergraduate Degree _____ (University/College)

Major Discipline _____

Graduate Degree _____ (University/College)

Major Discipline _____

Does a paraprofessional provide instructional services to the student?

Yes _____ No _____

If yes, what are the qualifications of the paraprofessional?

High School Graduate _____ (Year)

Undergraduate Degree _____(University/College)

Major/Discipline _____

College/University Credit _____(Hours)

Major/Discipline _____

Signature of Person Completing Form Date Returned to Parent