





TEACHER/TEACHER ASSISTANT INFORMATION REQUEST FORM

Charlotte-Mecklenburg Schools

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: 1501 Norland Road, Charlotte, NC 28205. 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:

**FORMULARIO DE SOLICITUD DE INFORMACIÓN DEL MAESTRO/ASISTENTE
DE MAESTRO**

Charlotte-Mecklenburg Schools

TEACHER/TEACHER ASSISTANT INFORMATION RESPONSE FORM

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 in the State of North Carolina because of special circumstances

[REDACTED]

MAESTRO
NOMBRE DEL MAESTRO:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]