TEACHER/TEACHER ASSISTANT INFORMATION REQUEST FORM

Charlotte-Mecklenburg Schools

[redacted]

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

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; **or**