



FIELD LOCAL SCHOOL DISTRICT

David O. Heflinger
Superintendent

Todd B. Carpenter
Treasurer

Superintendent's Office
2900 State Route 43
Mogadore, Ohio 44260
330-673-2659

Treasurer's Office
2900 State Route 43
Mogadore, Ohio 44260
330-673-2676

Field High School
2900 State Route 43
Mogadore, Ohio 44260
330-673-9591

Field Middle School
1379 Saxe Road
Mogadore, Ohio 44260
330-673-4176

Brimfield Elementary
4170 State Route 43
Kent, Ohio 44240
330-673-8581

Suffield Elementary
1128 Waterloo Road
Mogadore, Ohio 44260
330-552-5252

Special Services
2900 State Route 43
Mogadore, Ohio 44260
330-673-2659

Notice of Parents Right-to-Know

Date: Nov. 8, 2021

RE: Every Student Succeeds Act (Public Law 114-95), Section 1112 (e)(1)(A)

Dear Parent/Guardian:

You have the right to know about the teaching qualifications of your child's classroom teacher in a school receiving Title I funds. The federal Every Student Succeeds Act (ESSA) requires that any school district receiving Title I funds must notify parents of each student attending any school receiving Title I funds that they may request, and the district will provide the parents on request (and in a timely manner), information regarding the professional qualifications of the student's classroom teachers, including at a minimum, the following:

- I. Whether the teacher has met State qualification and licensing criteria for the grade levels and subject areas in which the teacher provides instruction;
- II. Whether the teacher is teaching under emergency or other provisional status through which State qualification or licensing criteria have been waived; and
- III. Whether the teacher is teaching in the field of discipline of the certification of the teacher;
- IV. Whether your child is provided services by paraprofessionals and, if so, their qualifications.

You may ask for the information by returning this letter to the address listed, or you may fax your request to 330-673-0270, or email your request to beverly.bable@fieldlocalschools.org. Be sure to give the following information with your request:

Child's full name _____
 Parent/guardian full name _____
 Address _____
 City, State, Zip _____
 Teacher's name _____

Sincerely,

David O. Heflinger