



**WAKE COUNTY  
PUBLIC SCHOOL SYSTEM**

**TEACHER ASSISTANT REQUEST FORM**

Request for Information About Teacher Assistant Qualifications

Instructions to Parents: You are entitled to qualification information on your child’s academic teacher(s). Please complete this form. Use a separate form for each teacher assistant. Return the completed form to your school’s office. Information will be sent to you within 30 days.

School Name: \_\_\_\_\_

Name of Teacher Assistant: Mr. Mrs Ms. \_\_\_\_\_

Grade Level: \_\_\_\_\_ Subject (if applicable): \_\_\_\_\_

Name of Parent(s) Requesting Information: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Mailing Address (where information is to be sent or faxed):

\_\_\_\_\_  
City State Zip Code

Fax Number: \_\_\_\_\_

Daytime telephone number in case of questions: \_\_\_\_\_

<p>For District use:  Received by school/date/initials  Received by HR/date/initials  Completed by: initials/mail/fax/date  Copy to:  Notes:</p>
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