Thom J. Peck, Superintendent

ESSA Qualification Notification ANNUAL NOTIFICATION – OPTION TO REQUEST PROFESSIONAL QUALIFICATIONS

TO:		From:		
(Par	ents' Name)	(8	(School's Name)	
Date:	Re:		Grade:	
	(St	udent's Name)		
Dear Parent/Gua	rdian,			
Recause Lewisto	wn School District receive	s federal funds for Til	lle I Programs as a par	
of Every Student	wn School District receive Succeeds Act (ESSA), yo ifications of your child's te	u may request inform	ation regarding the	
of Every Student professional qual If you would like t Superintendent b	Succeeds Act (ESSA), you ifications of your child's te to request this information y phone at 535-8777 ext.	u may request inform acher(s) or paraprofe , please contact your	nation regarding the essional(s), if applicable	
of Every Student professional qual If you would like t Superintendent b	Succeeds Act (ESSA), you ifications of your child's te to request this information y phone at 535-8777 ext.	u may request inform acher(s) or paraprofe , please contact your	nation regarding the essional(s), if applicable	
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