

VERIFICATION OF HIGHLY QUALIFIED SUBJECT AREA CONTENT TEST

Fill in the information above the broken line. Please print or type.

Last name	First name	Middle name	Maiden name
Street address	City	State	Zip code
Social security number	Date of birth (month, day, year)		

TO THE STATE EDUCATION AGENCY OR SCHOOL DISTRICT NCLB OFFICER:

Please complete the information below that applies to the above-named Florida teacher and return the form to the Florida School District Certification Office as indicated below.

The applicant is highly qualified in _____
[subject area(s) & level(s)]

based on having passed a subject area content test appropriate for each subject area indicated.

Verification Officer & Title (please print)

Signature

State

Date

VERIFICATION OF HIGHLY QUALIFIED OUT-OF-STATE HOUSE PLAN

Fill in the information above the broken line. Please print or type.

Last name	First name	Middle name	Maiden name
Street address	City	State	Zip code
Social security number	Date of birth (month, day, year)		

TO THE STATE EDUCATION AGENCY OR SCHOOL DISTRICT NCLB OFFICER:

Please complete the information below that applies to the above-named Florida teacher and return the form to the Florida School District Certification Office as indicated below.

The applicant is highly qualified in _____
[subject area(s) & level(s)]

based on meeting the state's High Objective Uniform State Standard of Evaluation (HOUSSE) requirement for the subject area(s) indicated.

Verification Officer & Title (please print)

Signature

State

Date