

VERIFICATION OF HIGHLY QUALIFIED STATUS BY A STATE AGENCY

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 as it applies to the above-named applicant for FL teacher licensure and return the form to the **Palm Beach County School District** as indicated below.*

The applicant is highly qualified for licensure in _____
[Subject area(s) & Grade level(s)]

based on meeting our state's High Objective Uniform State Standard of Evaluation (HOUSSE) requirements for that subject area(s) prior to the 2006-2007 school year. **(Attach a copy of the HOUSSE form that was used by your district/state for this verification process)**

The applicant is highly qualified for licensure in _____
[Subject area(s) & Grade level(s)]

based on meeting our state's testing requirements for the subject/area on _____
Date

Verifying Officer & Title (please print)

Contact Number (###) ###-####

Signature

Date

State

County

District

RETURN FORM TO:

Leonor Diaz, Senior Analyst
Certification/Highly Qualified Standards Office

Palm Beach County School District
3364 Forest Hill Blvd A-152
West Palm Beach, Florida 33406
(561) 434-8057 Fax (561) 434-8992