

VERIFICATION OF A HIGHLY QUALIFIED OUT-OF-STATE HOUSSE 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 that subject area(s) prior to the 2006-2007 school year.

Verifying Officer & Title (please print)

Signature

State

Date

RETURN FORM TO:

(Insert charter school name)

School District

Address

City, State, Zip Code