

**VERIFICATION OF A 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 No.	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 **Broward County School District**, 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. **(Attach a copy of the HOUSSE form(s) that was used by your district/state for this verification process.)**

Verifying Officer & Title (please print)

Contact Phone Number

Signature

Date

City/State

County/District

RETURN FORM TO:

***Certification Department
The School Board of Broward County, Florida
600 Southeast Third Avenue 1st Floor
Fort Lauderdale, FL 33301
(754)-321-2348 FAX: (754) 321-2717***