

VERIFICATION OF A 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 **Broward County Public Schools District**, as indicated below.

The applicant is highly qualified in _____ based on having passed a
(subject area(s) & level(s))
subject area content test appropriate for each subject area indicated.

_____	_____	_____
Verifying Officer & Title (please print)	Date	City/State
_____	_____	_____
Signature	Contact Phone Number	County/District

RETURN FORM TO:

Certification Department
The School Board of Broward County, Florida
600 Southeast Third Avenue, 3rd Floor
Fort Lauderdale, FL 33301
(754) 321-2348 FAX: (754) 321-2717