

# 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)		

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## 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

<b>RETURN FORM TO:</b>
_____ Florida School District Certification Officer
_____ School District
_____ Address
_____ City, State, Zip Code