

## 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 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) requirements for the subject area(s) prior to the 2006-07 school year.

\_\_\_\_\_  
Verifying Office & Title (please print)

\_\_\_\_\_  
Signature and date

\_\_\_\_\_  
Verifying agency

\_\_\_\_\_  
State

**PLEASE RETURN FORM TO:**

**Donna Wingard, Director  
School Board of Polk County  
P O Box 391  
Bartow, FL 33831**