

**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) |
|------------------------|----------------------------------|

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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 having passed a  
subject area content test appropriate for each subject area indicated.

\_\_\_\_\_  
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**