Verification of a HIGHLY QUALIFIED OUT-OF-STATE HOUSSE Plan Social Sciences

Fill in the information above the broken line. Please print or type.

First Name	Middle Name	Maiden Name	
City	State	Zip Code	
,		1	
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 highl	y qualified in <u>Economics, Geography, History,</u> (subject and level)	and Political
· ·	based on meeting the state's High Objective Unit (2) requirement for that subject area(s) prior to the	
year.		
	Verifying Officer & Title (please print)	_
	Signature	_
	State	_

Date

RETURN FORM TO: Kara Deschenes Florida School District Certification Officer Pasco School District 7227 Land O' Lakes Blvd. Address Land O' Lakes, FL 34638 City, State, Zip Code (813)794-2074 Fax Number