

**Verification of a HIGHLY QUALIFIED
FLORIDA DISTRICT 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)	

To the FLORIDA 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 Florida'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

Florida School District

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)794-2171

Fax Number