

**Verification of a HIGHLY QUALIFIED  
OUT-OF-STATE HOU SSE 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 and level)  
\_\_\_\_\_ 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

**RETURN FORM**

**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