

# Verification of Highly Qualified Status By a State Agency

**TO THE APPLICANT: FILL IN THE INFORMATION ABOVE THE BROKEN LINE.  
PLEASE TYPE OR PRINT.**

Last Name	First Name	Middle Name	Maiden	
Address		City	State	Zip Code
Teacher License Number		Date of Birth (month, day, year)		

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## TO THE STATE EDUCATION AGENCY LICENSURE OFFICER:

Please complete the information below as it applies to the above-named applicant for IN teacher licensure and return to the individual at the address above.

The applicant is highly qualified for licensure in \_\_\_\_\_ based on  
subject/area/grade level  
meeting our state's testing requirement for that subject area on \_\_\_\_\_.  
date

The applicant is highly qualified for licensure in \_\_\_\_\_ based on  
subject/area/grade level  
meeting the \*HOUSSE Standard of this state on \_\_\_\_\_.  
date

(\*Note: Applicant must have been hired prior to or during school year 2006-2007 and in the same assignment. HOUSSE data must reflect work done prior to or during school year 2006-2007)

\_\_\_\_\_  
Designated State Licensure Officer (*print name*)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
State

\_\_\_\_\_  
Email address