

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)		

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