



2009 – 2010
ARIZONA HIGHLY QUALIFIED ATTESTATION FORM
READING SPECIALIST
(Interventionist)

(Pursuant to requirements mandated by P.L. 107-110 No Child Left Behind Legislation)
To be completed by reading specialist, reading consultant, remedial reading teacher, reading interventionist, or teachers in a similar position, in Grades K-12 to verify Highly Qualified status.

Name:		District:	
SSN (last 4 digits):		School:	

Please check where applicable:

1. Hold a bachelor's degree

and

2. Hold a valid Arizona teaching certificate (A.R.S. §15-502.B)– provisional, reciprocal or standard (charter school teachers are exempt from this requirement)

a. Early Childhood Certificate

b. Elementary Certificate

c. Secondary Certificate

d. Foreign Teacher Certificate

e. Special Education Certificate (List Disability Area(s): _____

and

3. Teaching Assignment: Reading Specialist (Interventionist) _____
Periods taught

Check only ONE Option Below:

a. Reading Specialist Endorsement (*district schools*)

b. Meets the requirement for a Reading Specialist Endorsement (*charter schools*)

*If you checked 1, 2, **and** 3 (a or b), under federal guidelines, you are considered **highly qualified**.*

Highly Qualified Teacher

Non-Highly Qualified Teacher
 (Individual Teacher Plan required)

I attest to the factual completion of this evaluation.

Signature of Teacher

Date

Printed Name of Principal

Signature of Principal

Date