



2009 – 2010
ARIZONA HIGHLY QUALIFIED ATTESTATION FORM
SPECIAL EDUCATION: Not Teacher of Record (K-12)

Pursuant to requirements mandated by H.R. 1350, Sec. 602 – Individuals with Disabilities Education Improvement Act of 2004. To be completed by Special Education Teachers who are not the teacher of record.

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

Please check where applicable:

1. Holds a bachelor's degree

and

2. Holds a valid Arizona Special Education Certificate (A.R.S. §15-502.B)- intern, provisional, reciprocal or standard

a. List Disability Area(s): _____

and

3. **Not Teacher of Record** (Special education teachers who do not directly instruct students in core academic subjects, or who provide only consultation to highly qualified teachers.)

4. Teaching Assignment: _____
Grade(s)

_____ *Disability Area(s)* *Periods Taught*

*If you checked 1, 2 and 3, 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