



2009 – 2010
ARIZONA HIGHLY QUALIFIED ATTESTATION FORM
SPECIAL EDUCATION: Early Childhood (Birth to Age 5)

Pursuant to requirements mandated by H.R. 1350, Sec. 602 – Individuals with Disabilities Education Improvement Act of 2004. To be completed by Early Childhood Special Education Teachers

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

Please check where applicable:

1. Holds a bachelor's degree

and

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

3. Teaching Assignment: Early Childhood Special Education _____
Periods Taught

*If you checked 1 and 2, under federal guidelines, you are considered **highly qualified** to teach in an early childhood special education setting.*

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