



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*