



ARIZONA HIGHLY QUALIFIED ATTESTATION FORM

This document is intended as a guidance tool for LEA use.

**READING SPECIALIST (Interventionist)
GRADES K-8; GRADES 6-12; GRADES K-12**

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:		SSN (last 4 digits):	
School:		LEA:	
Teacher Work Email:		School Employment Start Date (mm/yyyy) (Date of Hire):	

1. Holds a bachelor’s degree or a more advanced degree from an accredited institution.

AND

2. Holds 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 (K-3 only)
- b. Elementary Certificate
- c. Secondary Certificate
- d. Special Education Certificate (List Disability Area(s): _____)

AND

3. Teaching Assignment: Reading Specialist (Interventionist) _____
Periods taught in this Core Content Area

Meets the requirements for the Reading Specialist Endorsement – appropriate for grade level: Grades K-8; Grades 6-12; Grades K-12

If you met the requirements for 1, 2, and 3 under former federal guidelines, you are considered Highly Qualified.

Highly Qualified Teacher

Non-Highly Qualified Teacher

I attest to the factual completion of this evaluation.

Signature of Teacher

Date

Printed Name of Principal

Signature of Principal

Date