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: 
School: 
Teacher Work Email: 

<table>
<thead>
<tr>
<th>SSN (last 4 digits):</th>
<th>LEA:</th>
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<tbody>
<tr>
<td>School Employment Start Date (mm/yyyy) (Date of Hire):</td>
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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 ________________________________