



ARIZONA HIGHLY QUALIFIED ATTESTATION FORM
This document is intended as a guidance tool for LEA use.

SPECIAL EDUCATION: Early Childhood (Birth to Grade 3)

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

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. Check only **ONE** option below (including Charter Schools):

- a. Holds a valid Arizona Early Childhood Special Education Certificate (A.R.S. §15-502.B) – Intern, Provisional, Reciprocal, or Standard **OR**
- b. Holds a valid Arizona Special Education Certificate (A.R.S. §15-502.B) [CC, ED, LD, ID, OI/OHI, Mild/Moderate, Severe/Profound] – Intern, Provisional, Reciprocal, or Standard **and** the Early Childhood **Certificate OR**
- c. Holds a valid Arizona Special Education Certificate (A.R.S. §15-502.B) [CC, ED, LD, ID, OI/OHI, Mild/Moderate, Severe/Profound] – Intern, Provisional, Reciprocal or Standard **and** the Early Childhood **Endorsement**

3. Teaching Assignment: Special Education Early Childhood _____
Grade Level and # of Periods Taught

If you met the requirements for 1 and 2 under 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