

## ARIZONA HIGHLY QUALIFIED ATTESTATION FORM

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

## **INSTRUCTIONAL PARAPROFESSIONAL**

To be completed by Instructional Paraprofessionals in Grades K-12 working in any Title I program or in a Title I school-wide school. Instructional Paraprofessionals must complete the attestation form annually (and may not waive the option) since their information is not entered onto the Highly Qualified Teacher Position Input application online. Information is to be uploaded into ALEAT for monitoring purposes.

| Name:   |  | LEA:    |                                   |
|---|--|---------|-----------------------------------|
| SSN (last 4 digits):  |  | School: |                                   |
| 1. Secondary school diploma or GED AND  |  |         |                                   |
| 2. Check only ONE option below:   |  |         |                                   |
| ☐ Holds   | ds an associate's (or higher) degree (attach copy)  OR |         |                                   |
| <ul> <li>Completed two years of study (equaling 60 or more credit hours) at an accredited institution of higher education (attach transcript; 100 level coursework and above);</li> <li>OR</li> </ul> |  |         |                                   |
| ☐ Obtained a passing score on an ADE-approved assessment (attach score report):   |  |         |                                   |
| <ol> <li>ETS ParaPro Assessment</li> <li>ACT Workkeys</li> </ol>  |  |         |                                   |
| (requires Writing, Applied Mathematics & Reading for Information)   |  |         |                                   |
| Master Teacher's Para Educator Learning Network   |  |         |                                   |
| If you met the requirements for 1 and 2, under former federal guidelines, you are considered highly qualified to work in a Title I Program or Title I School-Wide school.                             |  |         |                                   |
| ☐ Highly Qualified Paraprofessional   |  |         | Highly Qualified Paraprofessional |
| I attest to the factual completion of this evaluation.  |  |         |                                   |
|   |  |         |                                   |
| Signature of Paraprofessional   |  | Date    | е                                 |
| Signature of Supervising Teacher #1   |  | Date    | e                                 |
| *Signature of Supervising Teacher #2  |  | Date    | e                                 |
| *Signature of Supervising Teacher #3  |  | Date    | е                                 |
| Printed Name of Princ   | ipal   |         |                                   |
| Signature of Principal  |  | Date    | e e                               |
|   |  | _       | _                                 |

\* Include additional teacher signatures if working with more than one. Each supervising teacher must be highly qualified in the core content area they are assigned to teach.