

# PLEASANTVILLE SCHOOL DISTRICT



## NJ HIGHLY QUALIFIED TEACHER FORM / 2013-2014

### Staff Information

Name:

Building:

Current Assignment(s) or Content Area(s) Taught (be specific):

### Certifications

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Elementary P-3         | <input type="checkbox"/> Elementary K-5 | <input type="checkbox"/> Elementary N-8 | <input type="checkbox"/> Other:              |
| <input type="checkbox"/> Teacher of Handicapped | <input type="checkbox"/> Teacher of ESL | <input type="checkbox"/> Teacher of SWD | <input type="checkbox"/> Teacher of Handicap |
| <input type="checkbox"/> Middle School          | Content Area(s):                        | Non-Teacher <input type="checkbox"/>    |  |
| <input type="checkbox"/> K-12                   | Content Area(s):                        |   |  |

One or more of the above certifications is a  CEAS  CE  Emergency

### Highly Qualified

*I have satisfied the NJ Highly Qualified teacher definition for the following content areas:*

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Elementary Generalist | <input type="checkbox"/> Science           | <input type="checkbox"/> Math                     | <input type="checkbox"/> World Language |
| <input type="checkbox"/> Social Studies        | <input type="checkbox"/> LAL (English/LAL) | <input type="checkbox"/> Visual & Performing Arts |   |

### Explain Basis for Highly Qualified Status

I am HQ in:

Because: (Please explain in detail- Praxis/HOUSE Matrix/Credits)-

I am HQ in:

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HQ Questions: Please indicate your college major, any area you earned 30 college credits in or any Middle School Praxis exam you passed.

I have previously supplied the following documents to the district that confirms the above:

- Transcripts  Praxis Scores  HOUSE Matrix

I am a Special Education teacher assigned to teach a content area for the first time:  Yes (direct instruction)

I am a Special Education teacher and exclusively teach students assessed with the APA:  Yes (direct instruction)

### Signature

*By signing this form, you confirm that the above information is complete and accurate.*

Signature

Date

**PLEASE COMPLETE, SAVE AND E-MAIL TO [HQS@pps-nj.us](mailto:HQS@pps-nj.us)  
IF YOU HAVE ANY QUESTIONS PLEASE E-MAIL THE ABOVE**