

**VERIFICATION OF HIGHLY QUALIFIED TEACHER STATUS  
(NO CHILD LEFT BEHIND)**

*to be completed by the State Certification Officer*

I attest that \_\_\_\_\_ (name)  
\_\_\_\_\_ (Social Security number)  
is “highly qualified” according to the definition in the federal No Child Left Behind law in  
the following teaching areas:

Certification Subject	Grade Levels

The educator meets the No Child Left Behind requirements by:

Test Name	Subject/Grade Levels

HOUSSE Form	Subject/Grade Levels

Other (Nat’l Certification, etc.)	Subject/Grade Levels

Name: \_\_\_\_\_ State: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

**RETURN TO: DESE, Attn: HQT Section, P.O. Box 480, Jefferson City, MO 65102-0480**