

**SY 2008-09 Title IIa Request
For Teachers Who Have Attained HQT Status**

Up to \$3,000 in Title IIa funds is available this year to individual teachers who have attained NCLB-defined HQT status and individual school administrators. Teachers can use this funding for continuing professional development activities in the teacher's highly qualified subject area and/or to strengthen teaching skills. Administrators can use this funding for continuing professional development activities aimed at strengthening administrative skills.

The HQ Documentation Form substantiates the teacher's highly qualified status, as defined by NCLB.

The HTSB's Professional Growth Experience matrix is used as a guide to identify the types of PD activity that may be funded by Title IIa. This document is provided for your reference as a separate PDF.

To request Title IIa funds submit the following forms to the CSAO:

- HQ Documentation Form for Charter School Teachers Licensed in Hawaii
- ATTACHMENT A – Title IIa Teacher Professional Growth State Grants Action Plan



CHARTER SCHOOL ADMINISTRATIVE OFFICE
 1111 Bishop Street, Suite 516, Honolulu, HI 96813
 Highly Qualified Paraprofessional
 HQ Documentation Form for Charter School Paraprofessionals
 July 2008

Last Name _____ First Name _____ Middle _____

Current School _____ Daytime Phone Number _____

Employee ID # _____ Date of Birth _____ SSN (last four)

What is your position?

- Educational Assistant Teaching Assistants Communication Aides Career Educational Assistants
 Physical and Occupational Therapy Assistants Work Site Training Assistants

Check here if you have (select only one):

- Obtained 48 credits at the 100 level of higher from a regionally accredited institution of higher education recognized by the Hawaii Department of Education
- Obtained an Associate's degree that contains a minimum of 48 credits at the 100 level or higher
- Satisfactory completion of the Educational Assistant Training Program including the Practicum Component **AND one** of the following listed below:
 A. Successfully complete developmental programs in reading, writing, and math **OR**
 B. Earn one three (3) credit course in math and one three (3) credit course in English at the 100 level or higher from an accredited institution **OR**
 C. Successfully pass a statewide assessment.

- Satisfactory completion of the Educational Assistant Foundation Courses (12 credits) including the Practicum Component **AND one** of the following listed below:
 A. Successfully complete developmental programs in reading, writing, and math **OR**
 B. Earn one three (3) credit course in math and one three (3) credit course in English at the 100 level or higher from an accredited institution **OR**
 C. Successfully pass a statewide assessment.

- Successfully pass the statewide assessment.

Final HQ status is determined by DOE (acting as the SEA) upon verification of the information reported on this form together with attached documentation submitted by the teacher's current director.

By signing this statement, I certify that I have accurately reported the information herein. I understand that misrepresentation or falsification of information supplied on this form may result in sanctions including termination from employment and/or professional discipline. I agree to retain all copies of documentation related to HQ designation for future reference by the public school that employs me and the Office of Human Resources.

Teacher Signature: _____ **Date:** _____

VERIFICATION BY SCHOOL OFFICIAL: By signing this statement I certify that I have received all attached documentation and validation that the information herein is correctly reported. I agree to retain all documentation related to HQ designation in the teacher's personnel file for review during periodic DOE verification audits and to forward this documentation to any public school to which this teacher may transfer. I also certify that I have furnished a copy for this form

Director Signature: _____ **Date:** _____



HAWAII DEPARTMENT OF EDUCATION
 Personnel Development Branch, 680 Iwilei Road, Suite 400, Honolulu, HI 96817
Highly Qualified Teacher
HQ Documentation Form for Charter School Teachers Licensed in Hawaii
January 2008

Last Name _____ First Name _____ Middle Name _____

Current School _____ Daytime Phone Number _____

Employee ID # _____ Date of Birth: _____ SSN (last four)

Check the grade span for which HQ designation is sought:
 PK- 3 K-6 K-8 5-9 7-12 K-12

Check here if you are currently licensed in Hawaii to teach the grade level for which HQ designation is sought.

Check the subject for which HQ designation is sought (**use a separate form for each subject**):
 English/Lang Arts Mathematics Science Civics/Gov Economics Geography
 History Art Foreign Language Elementary Elementary Special Education

Check here if you have (select only one):

- A current National Board Certification in the content area (except MC Generalist for middle school teachers) (attach copy of certificate)
- Passed the designated PRAXIS II in the content area (see *Eligible PRAXIS Exams* for list) (attach copy of PRAXIS examinee score report)
- Earned a major in the content area or 30 semester credits in the content area (attach *Course Identification Form* and transcript(s) with the applicable core academic classes highlighted)
- Earned 30 semester credits in areas of the elementary curriculum (attach *Course Identification Form* and transcript with the applicable core academic classes highlighted)
- Been deemed highly qualified in the content area in another state (attach official certification from state educational agency). Please list state(s): _____
- For teachers with the equivalent of two or more years of experience, earned 100 points through completion of the *HOUSSE Rubric Form*

Final HQT status is determined by DOE (acting as the SEA) upon verification of the information reported on this form together with attached documentation submitted by the teacher's current principal.

By signing this statement, I certify that I have accurately reported the information herein. I understand that misrepresentation or falsification of information supplied on this form may result in sanctions including termination from employment and/or professional discipline. I agree to retain all copies of documentation related to HQ designation for future reference by the public school that employs me and the Office of Human Resources.

Teacher Signature: _____ **Date:** _____

VERIFICATION BY SCHOOL OFFICIAL: By signing this statement I certify that I have reviewed all attached documentation and validated that the information herein is correctly reported. I agree to retain all documentation related to HQ designation in the teacher's personnel file for review during periodic DOE verification audits and to forward this documentation to any public school to which this teacher may transfer. I also certify that I have furnished a copy of this form to the Office of Human Resources.

Director Signature: _____ **Date:** _____

ATTACHMENT B
Deadline: 12th of Month
Fax to: 808-586-3776 Attn: Deann

**TITLE IIa TEACHER PROFESSIONAL GROWTH STATE GRANTS
ACTION PLAN FOR SCHOOL YEAR _____**

This form is to be used by teachers and administrators who have attained HQT status.

School: _____ Director Signature: _____ Amount Requested: _____ Date: _____

Teacher: _____ Teacher's email address: _____ Phone number: _____

1. Activities for the teacher identified as continuing professional development in the teacher's highly qualified subject area and/or to strengthen teaching skills. **OR** Activities for the administrator identified to strengthen administrative skills.

2. Detail Planned Activities

Activity (E.g. course name & number, conference, etc.)	Projected Date(s) For Implementation & Completion	Measurable Outcomes	Projected Cost