



Local Education Agency (LEA) Plan Form for Highly Qualified Teachers 2015-2016 School Year

Section 1. District information

School District	LEA #	Date
Person completing form (print or type)	Phone #	Email address
Superintendent Name (print or type)	Superintendent's Signature	

Section 2. Describe the district's procedures or actions for recruiting, hiring and retaining Highly Qualified Teachers.

Section 3. Describe the issues or conditions that prevented filling *all* core academic classes for 2014-2015 with Highly Qualified Teachers, if applicable.

If District is 100% HQT indicate "NA".

Office use only: Dist. % HQT _____ Number teachers Not HQT _____ Date rec'd by ADE: _____

Office comments:

