

Last Name	First Name	Middle Name	Maiden Name
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*Social Security Number	Date of Birth
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Paraprofessionals are to complete the information above the broken line. Please print or type.

TO THE STATE EDUCATION AGENCY OR SCHOOL DISTRICT NCLB OFFICER: Please complete the information below as it applies to the above-named applicant for FL No Child Left Behind requirement and return the form to the St. Lucie Public Schools at the address shown below.

The applicant is highly qualified for a paraprofessional _____
[Subject area(s)]

based on meeting our state's High Objective Uniform State Standard of Evaluation requirements for a paraprofessional

based on meeting our state's testing requirements for the subject area(s) on _____
(Date) mm/dd/yyyy

Verifying Officer & Title (please print)

Contact Number (###) ###-####

Signature

(Date) mm/dd/yy

State

County

District

RETURN FORM TO:

St. Lucie Public Schools
Human Resources
9461 Brandywine Lane
Port St. Lucie, FL 34986
Ph: 772-429-7500
Fax: 772-429-7501

*Social security numbers are collected, and will only be used, in order to conduct background checks, and, once hired, to process payroll/personnel action, employment benefits, and retirement benefits.