



Organization: Aubrey ISD

County District: 061907041

Campus/Site: AUBREY MIDDLE

ESC Region: 11

SAS#: NCLBAA14

Vendor ID: 1756004289

School Year: 2013-2014

2013-2014 Annual Survey of Highly Qualified (HQ) Teachers

PR1100

PR1100 - Highly Qualified (HQ) Survey

	Amendment #	Version #
	00	01

District Not Required to Report This Campus (if selected, go to Part 11 to submit report)

Part 1: LEA Information

Campus Name	AUBREY MIDDLE
Campus Number	061907041

Part 2: Number of Teachers

Help

	Regular	Special Ed.
Total number of Teachers in Core Academic Subject areas	16	3

Part 3: Core Academic Subject Classes

Help

Subject	Regular		Special Education	
	A	B	C	D
	# of Classes	# of Classes Taught by HQ Teachers	# of Classes	# of Classes Taught by HQ Teachers
<b>Elementary (Grades PK-6): 1 Teacher = 1 Class</b>				
1. All Subjects	6	6	1	1
<b>Secondary (Grades 7-12): Each Section Taught Counts as 1 Class</b>				
2. English	0	0	0	0
3. Reading/Language Arts	13	13	2	2
4. Mathematics	13	13	3	3
5. Science	13	13	0	0
6. Foreign Languages	0	0	0	0
7. Civics and Government	0	0	0	0
8. Economics	0	0	0	0
9. Arts	9	9	0	0
10. History	13	13	0	0
11. Geography	0	0	0	0
<b>Total Secondary</b>	61	61	5	5
<b>Grand Total</b>	67	67	6	6
<b>Total % Highly Qualified</b>				100.00

Part 4: Number of Core Academic Teachers Who Are Teaching on the Following Permits

Help

	Permit	# of Teachers	
		Elem. (PK-6)	Secondary (7-12)
1.	Emergency (for certified personnel)	0	0
2.	Emergency (for uncertified personnel)	0	0
3.	Nonrenewable	0	0
4.	Temporary Classroom Assignment	0	0
5.	District Teaching	0	0
6.	Temporary Exemption	0	0



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## Part 5: Reasons for Not Being Classified as Highly Qualified in All Assignments

Elementary School Classes		Number
1.	Elementary School Classes Taught by Certified General Education Teachers Who Did Not Pass a Subject-Knowledge Test or (if eligible) Have Not Demonstrated Subject-Matter Competency through HOUSE	0
2.	Elementary School Classes Taught by Certified Special Education Teachers Who Did Not Pass a Subject-Knowledge Test or (if eligible) Have Not Demonstrated Subject-Matter Competency through HOUSE	0
3.	Elementary School Classes Taught by Teachers Who Are Not Fully Certified (and Are Not in an Approved Alternative Route Program)	0
4.	Other (please explain)	0

Secondary School Classes		Number
5.	Secondary School Classes Taught by Certified General Education Teachers Who Have Not Demonstrated Subject-Matter Competency in Those Subjects (e.g., Out-of-Field Teachers).	0
6.	Secondary School Classes Taught by Certified Special Education Teachers Who Have Not Demonstrated Subject-Matter Competency in Those Subjects.	0
7.	Secondary School Classes Taught by Teachers Who Are Not Fully Certified (and Are Not in an Approved Alternative Route Program).	0
8.	Other (please explain)	0

## Part 6: FTEs of Special Education Teachers for Students by Age

Help

		Students 3-5	Students 6-21
1	Special Education FTEs That Are Highly Qualified	0.00	3.00
2	Special Education FTEs That Are Not Highly Qualified	0.00	0.00
3	Special Education FTEs That Are Not Required to Be Highly Qualified	0.00	0.00

Part 7 is hidden because you haven't selected either 'TA' or 'SW' on SC5000 schedule in the NCLB grant application.

Part 8 is hidden because you haven't selected either 'TA' or 'SW' on SC5000 schedule in the NCLB grant application.



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Part 9: Teachers Not Meeting Highly Qualified

Elementary (PK-6) Teachers Not Meeting Highly Qualified

1. <input type="checkbox"/>	Teacher Name:			
	Teacher Assignments:	<input checked="" type="radio"/> General Elementary Curriculum <input checked="" type="radio"/> Outside General Elementary Curriculum (e.g., Music, Theatre, Art)		
	Setting:	<input type="checkbox"/> General Education <input type="checkbox"/> Special Education		
	Grade Level:	<input type="checkbox"/> PK <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6		
Strategies/Activities That Will Be Implemented to Meet HQ Requirements by the End of the School Year:				
	<input type="checkbox"/> Pass Content Exam	Exam #		
<input type="checkbox"/> Complete Certification Program <input type="checkbox"/> Reassign Teacher <input type="checkbox"/> Fill an Unfilled Position <input type="checkbox"/> Provide Professional Development				
	<input type="checkbox"/> Other			
	Responsible Person:			
	Target Completion Date:			

Secondary (7-12) Teachers Not Meeting Highly Qualified

1. <input type="checkbox"/>	Teacher Name:				
	Teacher Assignments:	<input type="checkbox"/> Economics <input type="checkbox"/> English <input type="checkbox"/> Fine Arts: Music or Art <input type="checkbox"/> Foreign Language <input type="checkbox"/> Geography <input type="checkbox"/> Government/Civics <input type="checkbox"/> History <input type="checkbox"/> Mathematics <input type="checkbox"/> Reading/Language Arts <input type="checkbox"/> Science			
	Setting:	<input type="checkbox"/> General Education <input type="checkbox"/> Special Education			
	Grade Level:	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12			
Strategies/Activities That Will Be Implemented to Meet HQ Requirements by the End of the School Year:					
	<input type="checkbox"/> Pass Content Exam	Exam #			
<input type="checkbox"/> Complete Certification Program <input type="checkbox"/> Reassign Teacher <input type="checkbox"/> Fill an Unfilled Position <input type="checkbox"/> Provide Professional Development					
	<input type="checkbox"/> Other				
	Responsible Person:				
	Target Completion Date:				



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## Part 10: Additional LEA Data (optional)

500 of 500

## Part 11: Certification and Incorporation

## Primary Contact

First Name	24 of 30		Initial	Last Name	24 of 30		Title	16 of 40	
Terrie				McNabb			Assistant Superintendent		
Telephone	Ext.	Fax	E-Mail		39 of 60		Confirm E-Mail	39 of 60	
940-668-0060		940-365-2627	tmcnabb@aubreyisd.net				tmcnabb@aubreyisd.net		

## Certification and Incorporation Statement

I hereby certify that the information contained in this report is, to the best of my knowledge, correct and that the local education agency named above has authorized me as its representative to submit this data. I further certify that reported program activities were conducted in accordance with all applicable State laws and regulations, and instructions, the Provisions and Assurances, Debarment and Suspension, Lobbying Requirements, Special Provisions and Assurances, and the schedules of the approved application for funding.

## Authorized Official

Click this button if the Authorized Official's contact information is the same as the Primary Contact information.

First Name	23 of 30		Initial	Last Name	23 of 30		Title	18 of 40	
Deborah				Sanders			Interim Superintendent		
Telephone	Ext.	Fax	E-Mail		38 of 60		Confirm E-Mail	38 of 60	
940-668-0060		940-365-2627	dsanders@aubreyisd.net				dsanders@aubreyisd.net		

## Submitter Information

First Name	Last Name	Approval ID	Submit Date and Time
Debby	Sanders	e061907dsan	11/12/2013 4:36:00 PM

Only the legally responsible party may submit this report.