Report Status	itted	FORMULA					Report ID: 0013520572360001			
ĕ Gr	e Orga	Organization: Brackett ISD					County District: 136901002			
TEXAS EDUCA		Campus/Site: BRACKETT EDUCATIONAL ACADEMY					ESC Region: 20			
SAS#: NC	12 Vend	Vendor ID: 1746000379					School Year: 2011-2012			
		2011-2012	2 Annu	al Survey of Highl	y Qualif	ied (HQ) Te	achers		
Printable	e Versio	on)	PR1100					Save		
(E)	xit		PR1100 - Highly Qualified (HQ) Survey				rvey	Instructions		
							An	nendment #	Version #	
								00	01	
☑ District Not	t Require	ed to Report This	S Campus	(if selected, go to Part 11	to submit r	eport)				
Part 1: LEA I										
Campus Name	Campus Name BRACKETT EDUCATIONAL ACADEMY									
Campus Numb	er	136901002	<u>)</u>							
Part 2 to Part enter data on	10 are these p	hidden becaus parts, uncheck	e you ch	ecked "District Not Req kbox and all the parts v	uired to Re	port 1 ar.	his Camp	ous" checkbox.	If you wish to	
Part 11: Certi	ification	and Incorpor	ation							
Primary Cont	tact									
First Name		25 of 30	30 Initial Last Name 23 of 30 Title						13 of 40	
Susan			A Esparza Secretary t					to Superintendent		
Telephone	elephone Ext. Fax		E-Mail 31 of 60 Confirm				nfirm E-M	E-Mail 31 of 60		
330-563-2491 100 830-563-926		830-563-9264	susan.esparza@brackettisd.net susar			an.esparza	esparza@brackettisd.net			
Certification	and Inc	orporation Sta	tement							
named above h conducted in ac	as autho ccordanc bbying R	orized me as its e with all applica	represent able State	this report is, to the best ative to submit this data. laws and regulations, and visions and Assurances, ar	I further cer I instruction	tify tha	at reported Provisions	d program activition and Assurances,	es were Debarment and	
Copy Click	this but	tton if the Auth	orized C	official's contact informa	tion is the	same	as the Pi	rimary Contact i	nformation.	
First Name		24 of 30	Initial	l Last Name 21 of 30		0 Tit	Title 15 of 40			
Robert			К	Westbrook		Sur	uperintendent of Schools			
Telephone	Ext.	Fax E-Mail 28 of		28 of 6	O Co	nfirm E-Mail 28 of 60				
330-563-2491 150 830-563-92			robert.westbrook@brackettisd.net robert.we					stbrook@brackettisd.net		
Submitter In	formati	on								
First Name						val ID	Submit Date	Submit Date and Time		
Marla			Madrid e136901mi			1mmad	11/11/2011 2	11/11/2011 2:43:13 PM		
Only the legally responsible party may submit this report.									Certify and Submit	
			E	it Prir	itable Vers	ion		Save		