



Organization: West Sabine ISD
 Campus/Site: WEST SABINE H S
 Vendor ID: 1751086085

County District: 202905002
 ESC Region: 07
 School Year: 2015-2016

2015-2016 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	WEST SABINE H S
Campus Number	202905002

Part 2: Number of Teachers

	General Ed.	Special Ed.
Total number of Teachers in Core Academic Subject areas	25	1

Part 3: Core Academic Subject Classes

Subject	General Education		Special Education	
	A	B	C	D
	# of Classes	# of Classes Taught by HQ Teachers	# of Classes	# of Classes Taught by HQ Teachers
Elementary (Grades PK-5): 1 Teacher = 1 Class				
1. All Subjects	0	0	0	0
Secondary (Grades 6-12): Each Section Taught Counts as 1 Class				
2. English	18	18	1	1
3. Reading/Language Arts	17	17	1	1
4. Mathematics	34	34	1	1
5. Science	26	26	0	0
6. Foreign Languages	10	10	0	0
7. Civics and Government	1	1	0	0
8. Economics	1	1	0	0
9. Arts	15	15	0	0
10. History	15	15	0	0
11. Geography	3	3	0	0
Total Secondary	140	140	3	3
Grand Total	140	140	3	3
Total % Highly Qualified				100.00

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

Permit	# of Teachers	
	Elem. (PK-5)	Secondary (6-12)
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

Part 4B: Number of Core Academic Teachers with a Probationary Certificate Enrolled in an Alternative Certification Preparation Program

	# of Teachers	
	General Education	Special Education
7. Highly Qualified	2	0
8. Not Highly Qualified	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)	

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)	

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	1.00
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-5) Teachers Not Meeting Highly Qualified

1. <input type="checkbox"/>	Teacher Name:			
	Teacher Assignments:	<input type="radio"/> General Elementary Curriculum <input 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		
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 (6-12) 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"/> 6 <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)

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Part 11: Certification and Incorporation**Primary Contact**

First Name	26 of 30	Initial	Last Name	26 of 30	Title	26 of 40
Mike			Pate		Superintendent	
Telephone	Ext.	Fax	E-Mail	33 of 60	Confirm E-Mail	33 of 60
409-584-2655		409-584-2139	mike.pate@westsabineisd.net		mike.pate@westsabineisd.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

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

First Name	26 of 30	Initial	Last Name	26 of 30	Title	26 of 40
Mike			Pate		Superintendent	
Telephone	Ext.	Fax	E-Mail	33 of 60	Confirm E-Mail	33 of 60
409-584-2655		409-584-2139	mike.pate@westsabineisd.net		mike.pate@westsabineisd.net	

Submitter Information

First Name	Last Name	Approval ID	Submit Date and Time
Mary	Garcla	e202905mgar	11/18/2015 1:03:45 PM

Only the legally responsible party may submit this report.

Certify and Submit