



Organization: Argyle ISD

County District: 061910041

Campus/Site: ARGYLE MIDDLE

ESC Region: 11

SAS#: NCLBAA12

Vendor ID: 1756004676

School Year: 2011-2012

2011-2012 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	ARGYLE MIDDLE
Campus Number	061910041

Part 2: Number of Teachers

Help

	Regular	Special Ed.
Total number of Teachers in Core Academic Subject areas	18	2

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
Elementary (Grades PK-6): 1 Teacher = 1 Class				
1. All Subjects	0	0	0	0
Secondary (Grades 7-12): Each Section Taught Counts as 1 Class				
2. English	14	14	1	1
3. Reading/Language Arts	0	0	1	1
4. Mathematics	16	16	1	1
5. Science	13	13	0	0
6. Foreign Languages	3	3	0	0
7. Civics and Government	0	0	0	0
8. Economics	0	0	0	0
9. Arts	16	16	0	0
10. History	14	14	0	0
11. Geography	0	0	0	0
Total Secondary	76	76	3	3
Grand Total	76	76	3	3
Total % Highly Qualified	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	2.00
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="checkbox"/> General Elementary Curriculum <input checked="" type="checkbox"/> 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)

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Part 11: Certification and Incorporation

Primary Contact

First Name	25 of 30		Initial	Last Name	24 of 30	Title	16 of 40
Chris				Daniel		Assistant Superintendent	
Telephone	Ext.	Fax	E-Mail		39 of 60	Confirm E-Mail	39 of 60
940-464-7241	1006	940-464-7297	cdaniel@argyleisd.com			cdaniel@argyleisd.com	

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	25 of 30		Initial	Last Name	24 of 30	Title	16 of 40
Chris				Daniel		Assistant Superintendent	
Telephone	Ext.	Fax	E-Mail		39 of 60	Confirm E-Mail	39 of 60
940-464-7241	1006	940-464-7297	cdaniel@argyleisd.com			cdaniel@argyleisd.com	

Submitter Information

First Name	Last Name	Approval ID	Submit Date and Time
Chris	Daniel	cdaniel1114	11/14/2011 8:36:23 AM

Only the legally responsible party may submit this report.