



Organization: Argyle ISD

County District: 061910042

Campus/Site: ARGYLE INT

ESC Region: 11

SAS#: NCLBAA10

Vendor ID: 1756004676

School Year: 2009-2010

2009-2010 Annual Survey of Highly Qualified (HQ) Teachers

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 INT
Campus Number	061910042

Part 2: Number of Teachers

Help

	Regular	Special Ed.
Total number of Teachers in Core Academic Subject areas	20	1

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	20	20	1	1
Secondary (Grades 7-12): Each Section Taught Counts as 1 Class				
2. English	0	0	0	0
3. Reading/Language Arts	0	0	0	0
4. Mathematics	0	0	0	0
5. Science	0	0	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	0	0	0	0
10. History	0	0	0	0
11. Geography	0	0	0	0
Total Secondary	0	0	0	0
Grand Total	20	20	1	1
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)	

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

		Students 3-5	Students 6-21	Help
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-6) Teachers Not Meeting Highly Qualified

1. <input type="checkbox"/>	Teacher Assignments:	<input type="checkbox"/> Self-Contained <input type="checkbox"/> English <input type="checkbox"/> Reading/Language Arts <input type="checkbox"/> Mathematics <input type="checkbox"/> History <input type="checkbox"/> Science <input type="checkbox"/> Fine Arts: Music or 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						
	What is Needed to Meet HQT Definition for Each Assignment							
	<input type="checkbox"/> Pass Content Exam: Exam # <input type="checkbox"/> Other	<input type="checkbox"/> Complete Certification Program <input type="checkbox"/> Reassign Teacher <input type="checkbox"/> Fill an Unfilled Position						

Secondary (7-12) Teachers Not Meeting Highly Qualified

1. <input type="checkbox"/>	Teacher Assignments:	<input type="checkbox"/> English <input type="checkbox"/> Reading/Language Arts <input type="checkbox"/> Mathematics <input type="checkbox"/> History <input type="checkbox"/> Science <input type="checkbox"/> Fine Arts: Music or Art <input type="checkbox"/> Foreign Language <input type="checkbox"/> Government/Civics <input type="checkbox"/> Economics <input type="checkbox"/> Geography						
	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						
	What is Needed to Meet HQT Definition for Each Assignment							
	<input type="checkbox"/> Pass Content Exam: Exam # <input type="checkbox"/> Other	<input type="checkbox"/> Complete Certification Program <input type="checkbox"/> Reassign Teacher <input type="checkbox"/> Fill an Unfilled Position						



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Part 10: Additional LEA Data (optional)

500 of 500

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	10/29/2009 3:35:08 PM

Only the legally responsible party may submit this report.

Certify and Submit