



HQ DOCUMENTATION COVERSHEET

DEPARTMENT OF EDUCATION
Office of Talent Management
EQ Section
P.O. Box 2360 Honolulu, HI 96804

I. EMPLOYEE INFORMATION

Name: _____ Employee ID: _____
Last First M.I.
Tel#: _____ Email: _____ School/Office: _____

II. HQ DESIGNATION INFORMATION

Check the grade span for which HQ designation is sought: PK-K PK-3 K-6 6-8 6-12 K-12

Are you currently licensed in Hawaii to teach at these grade levels?
 Yes No Do not complete this form. Contact HTSB for licensing requirements

Check **ONE (1)** subject in which you are currently assigned and seeking HQ designation:
 Art English/Language Arts CTE: _____ Other: _____
 Elementary Mathematics Foreign Language: _____
 Elementary Special Education Science Social Studies: _____

Check here if you have (select only one (1)):
 A current National Board Certification in the content area (except MC Generalist for middle school teachers)
- Attach a copy of certificate
 Passed the designated PRAXIS II in the content area
- Attach a copy of PRAXIS examinee score report

Earned a major in the content area or thirty (30) semester credits in the content area
- Complete "HQ Content Area Course Identification" form (DOE OTM 700-003) **AND attach official transcripts.**

For teachers with an "effective" or better teacher performance rating and earned thirty (30) semester credits in areas of elementary curriculum
- Complete "HQ Content Area Course Identification" form (DOE OTM 700-003) **AND attach official transcripts.**

For teachers with an "effective" or better teacher performance rating and earned seventy-five (75) points through the ESSA Rubric
- Complete "ESSA Rubric" (DOE OTM 700-002) and submit relevant documentation.

Final HQT status is determined by DOE upon verification of the information submitted/indicated on this form and supporting documentation. Final approval will be reflected on <http://hqt.k12.hi.us>.

III. EMPLOYEE AND SCHOOL CERTIFICATION

By signing this statement, I certify that I have accurately reported the information herein. I understand that misrepresentation or falsification of information supplied on this form may result in sanctions including termination from employment and/or professional discipline. I agree to retain copies of all documentation related to HQ designation for future reference by the Hawaii DOE.

Teacher Signature: _____ Date: _____
MM/DD/YYYY

VERIFICATION BY SCHOOL OFFICIAL: By signing this statement, I certify that I have reviewed all attached documentation and validated that the information herein is correctly reported. I agree to retain copies of all documentation related to HQ designation in the teacher's yellow jacket for review during periodic Title II monitoring and to forward this documentation to any DOE school to which this teacher may transfer. I also certify that I have furnished the original of this form to the DOE OTM, EQ Section.

Principal Signature: _____ Date: _____
MM/DD/YYYY