



Organization: Lago Vista ISD
 Campus/Site: LAGO VISTA H S
 Vendor ID: 1741990520

County District: 227912001
 ESC Region: 13
 School Year: 2015-2016

SAS#: NCLBAA16

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 | LAGO VISTA H S |
| Campus Number | 227912001 |

Part 2: Number of Teachers

[Help](#)

| | | |
|---|-------------|-------------|
| | General Ed. | Special Ed. |
| Total number of Teachers in Core Academic Subject areas | 16 | 2 |

Part 3: Core Academic Subject Classes

[Help](#)

| 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 | 21 | 21 | 1 | 1 |
| 3. Reading/Language Arts | 0 | 0 | 0 | 0 |
| 4. Mathematics | 22 | 22 | 1 | 1 |
| 5. Science | 23 | 23 | 0 | 0 |
| 6. Foreign Languages | 10 | 10 | 0 | 0 |
| 7. Civics and Government | 6 | 6 | 0 | 0 |
| 8. Economics | 5 | 5 | 0 | 0 |
| 9. Arts | 13 | 13 | 0 | 0 |
| 10. History | 11 | 11 | 0 | 0 |
| 11. Geography | 0 | 0 | 0 | 0 |
| Total Secondary | 111 | 111 | 2 | 2 |
| Grand Total | 111 | 111 | 2 | 2 |
| Total % Highly Qualified | | | | 100.00 |

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

[Help](#)

| | 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 | 1 | 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 | 2.50 |
| 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 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 | | |
| 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)

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 |
|--------------|----------|--------------|--------------------------------|-----------|----------|--------------------------------|----------|
| Susan | | | C | Lofton | | Assistant Superintendent | |
| Telephone | Ext. | Fax | E-Mail | | 30 of 60 | Confirm E-Mail | 30 of 60 |
| 512-267-8300 | 1503 | 512-267-8304 | suzy_lofton@lagovista.txed.net | | | suzy_lofton@lagovista.txed.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

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 |
|--------------|----------|--------------|--------------------------------|-----------|----------|--------------------------------|----------|
| Susan | | | C | Lofton | | Assistant Superintendent | |
| Telephone | Ext. | Fax | E-Mail | | 30 of 60 | Confirm E-Mail | 30 of 60 |
| 512-267-8300 | 1503 | 512-267-8304 | suzy_lofton@lagovista.txed.net | | | suzy_lofton@lagovista.txed.net | |

Submitter Information

| First Name | Last Name | Approval ID | Submit Date and Time |
|------------|-----------|-------------|-----------------------|
| Suzy | Lofton | slofton0705 | 11/20/2015 9:55:15 AM |

Only the legally responsible party may submit this report.