## 2017-2018 Leon County Schools Best and Brightest Qualification Form

Name:	ime:														Last 4 of SSN:										
Current Work Location #: Current Work Location Name:																									
2016-17 Work Location #: 2016-17 Work Location Name: Check each year you received Florida's Best and Brightest Teacher Scholarship 2014-15 2015-16											Check this box if you are a new teacher without any prior evaluation(s) as of the 2017-18 school year.														
The following docum	ent	s and a	ttac	chme	ents ar	e requi	red in	ord	ler to	be con	sider	red	l for the 2	201	7-18	Best an	d Brig	ghte	est Scl	ıolaı	rship	):			
<ul> <li>The 2017-18 LCS Best and Brightest Teacher Scholarship Qualification Form.</li> <li>Copy of 2016-17 Performance Evaluation Rating document.</li> <li>Documentation of ACT or SAT results with scores highlighted or circled.</li> <li>Copy of the teacher schedule for class roster showing classes and class loads.</li> <li>The Confirmation of Classroom Teaching Responsibilities signed by the applicant and the principal of the school where s/he works.</li> <li>Applications and all required documentation must be hand delivered to the Human Resource Department, 2757 West Pensacola Street, Tallahassee, FL 32304, by 5:00 p.m., December 1, 2017.</li> <li>No late applications will be accepted.</li> </ul>																									
NOT WRITE BELO	W 1	HIS LI	NE	- TI				HUM	IAN	RESOU			FICE US	E O				_							
1. Verification of 2016-17 Rating		I	New '	Геасh Date		HE				UN	Y	et? N	N	Rev			Initia	<u>ls</u>			Date				
2. Verification of ACT/SAT Scores		nfirm p alificati				Test Mo & Yr		Yr	Scores Re		ported		Scores Requ		red	Comp	Composite Scores			M	et?	Rev. Intials	Date		
	201	4-15	201	5-16	SAT					Math:			Mat	h:		Report	ed				es .				
	Y	N	Y	N	ACT		on repo	rt? N	1	Read: Writing:			Read Writin			Requir	ed			N	o				
3. Verification of Classroom				Schedule attached?		Confirmation of Teaching Responsi							Tead? Signa			Principal Signature?			Met?		Reviewer's Ir		nitials Da		te
Teacher Responsib		ilities		Y	N		Y				N		Y	Y	N	Y	N		YN						
4. Final Verification of Eligibility Declined  Reviewer's Signature												Date													