

**Subject Area Exam/Add-On Reimbursement Application**  
**For**  
**Out of Field Teachers Meeting Highly Qualified Requirements**  
**2018-2019**

*The Hamilton County School District has allocated limited federal entitlement funds to pay for a Subject Area Exam (SAE) reimbursement program. The current reimbursement amounts are \$75/\$200/\$220 (retakes). A program evaluation will be conducted at the end of each school year to determine the feasibility of continuation. This program will reimburse for passing scores only. (This includes passing a retake) Reimbursements will not be made until the teacher has completed the add-on process of the subject area to their certificate.*

**For consideration of reimbursement for SAE, complete all information requested below.**

**Teacher Name:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Florida Professional Educator Certificate Validity Period:** \_\_\_\_\_

*SAE reimbursement is limited to the following categories. Check the one which applies to your situation and provide requested information:*

<ul style="list-style-type: none"> <li>• The school administration assigned me to teach a class for which I was not already certified.</li> </ul> <p>Original Area of Certification: _____</p> <p>Primary Teaching Assignment (if split between in and out of field): _____</p> <p>Out of Field Teaching Assignment: _____</p> <p>Subject Area Exam Taken to be considered Highly Qualified: _____</p>
<ul style="list-style-type: none"> <li>• I am a Reading or Primary Language Arts teacher of a English Language Learner/s and I opted to take the ESOL SAE and complete 120 ESOL Endorsement points/hours in lieu of taking 300 ESOL Endorsement points/hours</li> </ul> <p>Is this the first year you were assigned an ELL student? _____</p> <p>If not, how many years have you taught an ELL student? _____</p> <p>How many, if any, ESOL inservice hours have you already completed? _____</p>

\_\_\_\_\_  
**Teacher Signature** **Date** **Principal Signature** **Date**

**Applicant: return this form, the attached reimbursement form, a copy of your SAE score report, and SAE or add-on payment receipt to the Director of Administrative Services for approval.**

\_\_\_\_\_  
**Director of Administrative Services Signature** **Date**

**Reimbursement requests will not be accepted after June 30, 2019.**