

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF EDUCATION

#### APPENDIX E

**PERSONNEL QUALIFICATIONS FORM**

**(**Include all administrators, teachers, and ancillary personnel)

Name of School:

Disability Category(ies) to be served by the school:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Staff Name | Position Title | Date of Hire | Professional License/Certification including # | **Endorsement****Area(s)** | **Expiration Date** | **Highest Degree** | **Teaching Assignments and Subjects**  |
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