



Organization: JOAQUIN ISD
 Campus/Site: JOAQUIN H S
 Vendor ID: 1756001869

County District: 210902001
 ESC Region: 07
 School Year: 2017-2018

SAS#: ESSAAA18

2017-2018 ESSA Consolidated Federal Grant Application

PR1500

PR1500 - Equity Data Survey

	Amendment #	Version #
	00	01

District Not Required to Report This Campus (if selected, go to Part 6 to submit report)

District is a District of Innovation that has access exemptions from state certification requirements

Part 1: LEA Information

Campus Name	JOAQUIN H S
Campus Number	210902001

Part 2: General Education

[Help](#)

For teachers that are not generalists but teach multiple subjects, include the teacher for each subject taught.

Elementary (PK-5)

Assignment	Total Teachers	Out-of-Field	Credential for the Teaching Assignment in Question					
			Standard	Probationary	Intern	Emergency	District Permit	No Credential
Generalist	0	0	0	0	0	0	0	0
Math	0	0	0	0	0	0	0	0
Science	0	0	0	0	0	0	0	0
Social Studies	0	0	0	0	0	0	0	0
ELA/Reading	0	0	0	0	0	0	0	0
Fine Arts	0	0	0	0	0	0	0	0
LOTE	0	0	0	0	0	0	0	0
ESL	0	0	0	0	0	0	0	0
PE/Health	0	0	0	0	0	0	0	0
CTE	0	0	0	0	0	0	0	0
Tech Apps	0	0	0	0	0	0	0	0

Teaching Experience

Assignment	Total Teachers	Teaching Experience						
		0 yrs	1 yrs	2-5 yrs	6-10 yrs	11-15 yrs	16-20 yrs	21+ yrs
Generalist	0	0	0	0	0	0	0	0
Math	0	0	0	0	0	0	0	0
Science	0	0	0	0	0	0	0	0
Social Studies	0	0	0	0	0	0	0	0
ELA/Reading	0	0	0	0	0	0	0	0
Fine Arts	0	0	0	0	0	0	0	0
LOTE	0	0	0	0	0	0	0	0
ESL	0	0	0	0	0	0	0	0
PE/Health	0	0	0	0	0	0	0	0
CTE	0	0	0	0	0	0	0	0
Tech Apps	0	0	0	0	0	0	0	0

Secondary (6-12)

Assignment	Total Teachers	Out-of-Field	Credential for the Teaching Assignment in Question					
			Standard	Probationary	Intern	Emergency	District Permit	No Credential
Generalist	0	0	0	0	0	0	0	0
Math	3	0	3	0	0	0	0	0
Science	2	0	2	0	0	0	0	0

Social Studies	3	1	2	0	0	0	0	1
ELA/Reading	3	0	3	0	0	0	0	0
Fine Arts	3	1	2	0	0	0	0	1
LOTE	0	0	0	0	0	0	0	0
ESL	1	0	1	0	0	0	0	0
PE/Health	10	0	10	0	0	0	0	0
CTE	4	0	4	0	0	0	0	0
Tech Apps	1	0	1	0	0	0	0	0

Assignment	Total Teachers	Teaching Experience						
		0 yrs	1 yrs	2-5 yrs	6-10 yrs	11-15 yrs	16-20 yrs	21+ yrs
Generalist	0	0	0	0	0	0	0	0
Math	3	0	0	1	0	0	1	1
Science	2	0	0	0	1	1	0	0
Social Studies	3	1	0	0	0	2	0	0
ELA/Reading	3	0	0	0	0	1	0	2
Fine Arts	3	1	0	0	1	0	0	1
LOTE	0	0	0	0	0	0	0	0
ESL	1	0	0	0	1	0	0	0
PE/Health	10	1	0	2	3	2	1	1
CTE	4	0	0	3	0	1	0	0
Tech Apps	1	0	0	0	1	0	0	0

Part 3: Bilingual and Special Education Help
 Include teachers in this section regardless of what subject they teach in either a bilingual or special education setting. Teachers included here will often also be included in the section above.

Elementary (PK-5)						
Assignment	Total Teachers	Out-of-Field	Credential for the Teaching Assignment in Question			
			Standard	Probationary	Intern	Emergency
Bilingual/ESL	0	0	0	0	0	0
Special Education	0	0	0	0	0	0

Assignment	Total Teachers	Teaching Experience						
		0 yrs	1 yrs	2-5 yrs	6-10 yrs	11-15 yrs	16-20 yrs	21+ yrs
Bilingual/ESL	0	0	0	0	0	0	0	0
Special Education	0	0	0	0	0	0	0	0

Secondary (6-12)						
Assignment	Total Teachers	Out-of-Field	Credential for the Teaching Assignment in Question			
			Standard	Probationary	Intern	Emergency
Bilingual/ESL	1	0	1	0	0	0
Special Education	4	0	3	1	0	0

Assignment	Total Teachers	Teaching Experience						
		0 yrs	1 yrs	2-5 yrs	6-10 yrs	11-15 yrs	16-20 yrs	21+ yrs
Bilingual/ESL	1	0	0	0	1	0	0	0
Special Education	4	1	0	0	1	1	1	0

Part 4: Campus Principal Help
 Principal Experience
 As a principal in total 6-10 yrs
 As a principal for this campus 6-10 yrs

Part 5 is hidden because you haven't selected either 'TA' or 'SW' on SC5000 schedule in the ESSA grant application.

Part 6: Certification and Incorporation						
Primary Contact						
First Name	25 of 30	Initial	Last Name	23 of 30	Title	31 of 40
Jimmy			Jackson		Principal	
Telephone	Ext.	Fax	E-Mail	37 of 60	Confirm E-Mail	37 of 60
936-269-3128		936-269-3615	jjackson@joaquinisd.net		jjackson@joaquinisd.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					
<input type="checkbox"/> Copy Click this button if the Authorized Official's contact information is the same as the Primary Contact information.					
First Name		26 of 30	Initial	Last Name	
Phil				Worsham	
Title		26 of 40			
Superintendent					
Telephone	Ext.	Fax	E-Mail		37 of 60
936-269-3128		936-269-3615	pworsham@joaquinisd.net		37 of 60
Confirm E-Mail		37 of 60			
pworsham@joaquinisd.net					
Submitter Information					
First Name		Last Name		Approval ID	Submit Date and Time
Mary		Garcia		e210902mgar	11/9/2017 1:22:46 PM
Only the legally responsible party may submit this report.					<input type="button" value="Certify and Submit"/>