



Organization: Hallettsville ISD
 Campus/Site: HALLETTSVILLE H S
 Vendor ID: 1746001029

County District: 143901001
 ESC Region: 03
 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	HALLETTSVILLE H S
Campus Number	143901001

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

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	5	0	5	0	0	0	0	0
Science	4	0	4	0	0	0	0	0

Social Studies	4	0	4	0	0	0	0	0
ELA/Reading	3	0	3	0	0	0	0	0
Fine Arts	4	0	4	0	0	0	0	0
LOTE	2	0	2	0	0	0	0	0
ESL	0	0	0	0	0	0	0	0
PE/Health	1	0	1	0	0	0	0	0
CTE	5	0	5	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	5	0	0	1	1	0	1	2
Science	4	0	0	0	0	0	1	3
Social Studies	4	0	0	1	1	0	0	2
ELA/Reading	3	0	0	1	1	0	0	1
Fine Arts	4	0	0	0	2	0	1	1
LOTE	2	0	0	0	0	0	1	1
ESL	0	0	0	0	0	0	0	0
PE/Health	1	0	0	0	0	0	0	1
CTE	5	0	0	1	1	1	1	1
Tech Apps	1	0	0	0	0	1	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	0	0	0	0	0	0
Special Education	1	0	1	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	1	0	0	0	0	0	0	1

Part 4: Campus Principal Help
Principal Experience
 As a principal in total 11-15 yrs
 As a principal for this campus 2-5 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	24 of 30	Initial	Last Name	24 of 30	Title	26 of 40
Jo Ann			Bludau		Superintendent	
Telephone	Ext.	Fax	E-Mail	36 of 60	Confirm E-Mail	36 of 60
361-798-2242		361-798-6502	jabludau@hisdbrahmas.org		jabludau@hisdbrahmas.org	

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="button" value="Copy"/> Click this button if the Authorized Official's contact information is the same as the Primary Contact information.					
First Name		24 of 30	Initial	Last Name	
24 of 30		24 of 30	24 of 30	Title	
Jo Ann				Bludau	
Superintendent					
Telephone	Ext.	Fax	E-Mail		36 of 60
36 of 60		36 of 60		Confirm E-Mail	
36 of 60		36 of 60		36 of 60	
361-798-2242			361-798-6502		jabludau@hisdbrahmas.org
jabludau@hisdbrahmas.org					jabludau@hisdbrahmas.org
Submitter Information					
First Name		Last Name		Approval ID	Submit Date and Time
26 of 40		26 of 40		26 of 40	26 of 40
Beverly		Wyatt		bwyatt1124	11/8/2017 4:21:14 PM
Only the legally responsible party may submit this report.					<input type="button" value="Certify and Submit"/>