**Los Angeles Unified School District**

Office of Curriculum, Instruction, and School Support

**AAL Resource Allocation Request 2015-16
Due by Friday, April 24, 2015**

In order to provide your school with the necessary licenses, professional development, and **funding for the auxiliary**, please complete the form and email or fax to Dharma Hernandez, Coordinator, Secondary Literacy/Language Arts, dth3022@lausd.net or 213-241-8977. Schools that submit this form by the above date will receive an auxiliary allocation based on projected AAL enrollment prior to close of budget development. Auxiliary allocations will be finalized based on actual norm day AAL enrollment.

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AAL (Tier 3) courses school will be providing in 2015-16:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program** | **Grades (circle)** |  **Number of Classes** |  **Number of Teachers** | **Projected Number of Students** |
| *READ 180* | 6 7 8 9  |  |  |  |
| *Language! 4th Edition* | 6 7 8 9  |  |  |  |
| Other ProgramName:  | 6 7 8 9  |  |  |  |

**Teacher Information (list all teachers who will be teaching the AAL courses):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **LAUSD Email** | **Program will be Teaching** | **Training Needed** |
|  |  | ***READ 180*** | ***Language! 4th Edition*** | **New** | **Refresher** | **None** |
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**School Contact Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Principal Signature Date