REQUEST TO ADD A NON-LAUSD STUDENT RECORD TO WELLIGENT

LOS ANGELES UNIFIED SCHOOL DISTRICT

*From:	*Title:	*Emp #:

*LAUSD School/Office of Enrollment:	*Location Code:

*Name of Special Education Administrator at the School of Residence:
(assign as Case Manager)

*Phone:	*Fax:	*Email:

Comments/Reason for request:

❖ *NOTE: All information entered on form should be validated by legal documents.* ❖

SCHOOL OF ENROLLMENT

* TYPE OF SCHOOL	⬡ Non-Resident ⬡ 504 Plan ⬡ Private School/Home School ⬡ Charter School ⬡ Non-enrolled
NAME OF THE SCHOOL ENROLLED		LOC CODE *(if applicable)*	

STUDENT INFORMATION

* FIRST NAME (Legal Name)		M		* LAST NAME (Legal Name)	
* DATE OF BIRTH		STUDENT ID#	
** ADDRESS			APT #
CITY		ZIP		HOME PHONE	
* GENDER		* RACE		* ADDITIONAL RACE	Select One	HISPANIC?	☐
* LANGUAGE		* GRADE	

PARENT/CONTACT INFORMATION

Parent/Guardian's First Name		Last Name	
Relationship to student		Address same as Student?	
Address (if not same as student)		Apt #	
City		Zip	
Contact Number		Email Address	

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Relationship to student		Address same as Student?	
Address (if not same as student)		Apt #	
City		Zip	
Contact Number		Email Address	

If student has an outside IEP, provide the Initial IEP date (or best guess of when it occurred):

COMPLETE THIS SECTION FOR PRIVATE SCHOOL/HOME SCHOOL, NOT ENROLLED STUDENTS

What type of IEP are you requesting?	⬡ Initial ⬡ Amendment ⬡ Three Year Review ⬡ Re-evaluation ⬡ 30 Day ⬡ Non-Resident IEP

For Initial IEPs complete the required referral information fields (*) below:

*Date of Request		*Date Request Rec'd		*Request Rec'd By	
*Name of Requestor		*Title of Requestor	
*Reason for Referral		*Prior Interventions	

REFERRAL DECISION

Decision		Decision Date		If Denied, Reason	

Questions? Call the Welligent Helpdesk at (213) 241-5200, option 8

Attach this form to an online ticket for Welligent Support at https://lausd.service-now.com