

## Information

True electives are courses for which no credential exists that authorizes the curriculum and elective credit being given for a course. In these instances, assigning a teacher via Title 5 §80005(b) may be an option. is an option as long as all of the following Commission on Teacher Credentialing (CTC) requirements are met.

In such instances, assigning a teacher via EC §44865, the Commission on Teacher Credentialing (CTC) requires that **ALL** of the following criteria be met:

### **The Teacher**

- Holds a valid California general education teaching credential issued based on completion of ALL of the following:
  - A bachelor's degree
  - Teacher Preparation Program
  - Student TeachingTypically, these are holders of Preliminary, Clear or Life Multiple or Single Subject credentials.
- Has Special fitness to perform.
- Consents to the assignment
- Assignment location is at the requesting school site

### **The Principal**

- Can verify that the credentialed teacher has the knowledge and training that best fulfills the needs of the students.  
This may be verified by any of the following options:
  - The teacher has one or more years of experience successfully teaching the subject.
  - The teacher has completed professional development and/or training in the subject/course. Generic workshops and or weekly school professional development do not meet these criteria. Please note that if selected for an audit, a copy of the flyer/syllabus related to the professional development listed may be requested.
  - The teacher has completed college/university coursework in the specific subject. For these instances, HR may request copies of official transcripts if we do not already have them on file.
- Consents to assigning this teacher to this assignment.

## Application

|  |  |                   |  |
|--|--|-------------------|--|
| Teacher Name<br>(first name, last name): |  | Employee No:      |  |
| Site Name:                               |  | Site Location No: |  |

| Course No. | Course Title |
|------------|--------------|
|            |              |

For additional subject areas, please use page 3

### PRINCIPAL VERIFICATION

Please describe subject-specific knowledge, experience, and/or training that makes this certificated employee the best suited to teach the content for each course referenced above.

*In case of an audit, please be prepared to provide auditors with supporting documentation to verify your rationale.*

Select and complete fields for all that apply:

- Teacher has \_\_\_ years of experience teaching the course listed above. (one year minimum requirement)
- Teacher has received professional development **specific** to the content of the course(s) listed.

List training title(s) and date(s) completed.

| Training Name | Date Completed | Training Name | Date Completed |
|---------------|----------------|---------------|----------------|
|               |                |               |                |

- Teacher has completed coursework specific to the content of the course.

| College/University Name | Course No. | Course Title |
|-------------------------|------------|--------------|
|                         |            |              |

Principal's Name (print): \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Signature is required. A typed in name will result in authorization being declined.*

### TEACHER CONSENT TO THE ASSIGNMENT (Must be completed by teacher)

I, \_\_\_\_\_, agree to teach the above listed courses during the 2025-2026  
(print name - first name, last name)  
academic year.

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Signature is required. A typed in name will result in authorization being declined.*

*If including any attachments, please be sure to have each page include the teacher's signature and date.*

Scan & Email forms to: [teacherconsentform@lausd.net](mailto:teacherconsentform@lausd.net)

#### HR OFFICE USE ONLY

NEW  RENEWAL

DATE REC & APPROVED BY CCS: \_\_\_\_\_

CCS INITIALS: \_\_\_\_\_

| Course No. | Course Title |
|------------|--------------|
|            |              |

Select and complete fields for all that apply:

- Teacher has \_\_\_\_ years of experience teaching the course listed above.
- Teacher has received professional development specific to the content of the course(s) listed.

List training title(s) and date(s) completed.

| Training Name | Date Completed | Training Name | Date Completed |
|---------------|----------------|---------------|----------------|
|               |                |               |                |

- Teacher has completed coursework specific to the content of the course.

| College/University Name | Course No. | Course Title |
|-------------------------|------------|--------------|
|                         |            |              |

| Course No. | Course Title |
|------------|--------------|
|            |              |

Select and complete fields for all that apply:

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| Training Name | Date Completed | Training Name | Date Completed |
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|               |                |               |                |

- Teacher has completed coursework specific to the content of the course.

| College/University Name | Course No. | Course Title |
|-------------------------|------------|--------------|
|                         |            |              |

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Signature is required. A typed in name will result in authorization being declined.*

**TEACHER CONSENT TO THE ASSIGNMENT (Must be completed by teacher)**

I, \_\_\_\_\_, agree to teach the above listed courses during the 2025-2026  
(print name - first name \_last name)  
academic year.

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Signature is required. A typed in name will result in authorization being declined.*

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NEW  RENEWAL

DATE REC & APPROVED BY CCS: \_\_\_\_\_

CCS INITIALS: \_\_\_\_\_