

Teacher Name (first name, last name):		Employee No:	
Site Name:		Site Location No:	

Education Code §44865 provides staffing options for specific alternative setting sites that allows teaching outside of a teacher's credentialed area. These include:

- Continuation Schools
- Magnet Schools (*Only if identified as Alt School of Choice*)
- Opportunity Schools
- Community Day Schools

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 CA teaching credential issued based ALL of the following:
 - A Bachelor's degree
 - Teacher Preparation Program
 - Student Teaching
- Has Special fitness to perform
- Consents to the assignment
- SAP 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
- Consents to assigning this teacher to this assignment

Subject Area	Course Number	Course Title

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

I, _____, agree to teach the above listed courses during the 2023-2024
(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.

PRINCIPAL VERIFICATION AND CONSENT

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 course listed.
- ☐ Teacher has received professional development, coursework and/or training related to the content of the course(s) listed.

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

Training Name	Date Completed	Training Name	Date Completed

☐ Other: _____

Principal's Name (print): _____

Principal'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

DATE REC BY CCCS: _____ CCS INITIALS: _____