LOS ANGELES UNIFIED SCHOOL DISTRICT **ATTACHMENT A**
RECORD OF INTERACTIVE PROCESS

Directions: To be completed by site administrator/supervisor in discussion with employee/applicant. Please review the class description/job analysis if available together with the employee/applicant and answer the questions below. Refer to this Bulletin or the Reasonable Accommodation Program for guidance on conducting the interactive process.

Section I – Employee/Applicant Information		
Employee/Applicant Name		Employee Number
Job Title	Worksite	Work Number
Does the employee have a previous reasonable accommodation request on file?	No	Yes, date: _____

Section II – Documentation of Interactive Process (attach additional sheet(s) if necessary)
a) Date(s) of meeting with employee/applicant (in person):
b) What symptoms or limitations affect the employee's performance of the essential job functions?
c) What specific job tasks are problematic as a result of these symptoms and limitations?
d) Possible accommodation(s) identified? Yes No Explain.

Section III – Outcome of Interactive Process		
Were informal accommodation made at the school site/office?	Yes	No
Explain:		

Section IV – Certification		
Print Name of Site Administrator/Supervisor	Date	Phone Number
Signature of Site Administrator/Supervisor	Email Address	

Mail, fax or email form to:
Disability Coordinator, Division of Risk Management and Insurance Services
333 S. Beaudry Avenue, 28th Floor, Los Angeles, CA 90017
FAX: (213) 241-6778
EMAIL: disabilitymanagement@lausd.net
Please keep a copy for your records.