SAVE TO COMPUTER | PRINT | CLEAR FORM

LOS ANGELES UNIFIED SCHOOL DISTRICT
Welligent
IEP Management & Service Tracking Systems (STS)
REQUEST FOR USER ID FORM

OFFICE USE ONLY 08/18/2017
Processed by:_____Date_____

LAUSD EMPLOYEE FORM – ALL REQUIRED (*) FIELDS MUST BE COMPLETED IN ORDER TO PROCESS

Name (Last):_____(First):_____(Middle Initial):_____
*Employee #_____*LAUSD E-Mail ACCOUNT REQUIRED _____
*Position: _____ *Telephone: _____ Fax: _____
*School/Office (list all assigned schools): _____
*Location Code(s): _____

TRANSPORTATION ACCESS: ◯ **Yes, include access to the Transportation Module** ◯ **Remove Access to the Transportation Module**
(only for Support Units & Special Ed Schools)

NEW USERS COMPLETE THIS SECTION: (Check One)*

◯	Administrator	*Principal, Assistant Principal, APEIS, APSCS, etc.*
◯	Bridge Coordinator	*Secondary Only*
◯	SDP IEP Case Manager	*Special Day Program Teacher or Transition Service Facilitator (TSF) with manager access*
◯	RSP IEP Case Manager	*Resource Specialist Teacher (RST) with manager access*
◯	Other IEP Access	◯ *HCA* ◯ *Special Ed Clerk* ◯ *Central/Local District Classified* ◯ *Other*
◯	DIS/Related Service Provider (Including Nurse, Psychologist, etc.) *Professional License Information: Type*_____ *License #*_____*Expiration Date*_____	**Required (Please Print):** Related Service Immediate Supervisor: _____ *(This person will assign you to all your locations)*

REQUIRED SIGNATURES

I UNDERSTAND THAT I HAVE ACCESS TO CONFIDENTIAL STUDENT RECORDS AND I CANNOT DISCUSS OR SHARE THESE RECORDS WITH UNAUTHORIZED PERSONNEL.

Agreed: _____ _____ _____ _____
*(Print) User's Name | *Signature | *Title | *Date

Approved: _____ _____ _____ _____
*(Print) Administrator/ Immediate Supervisor's Name | *Signature | *Title | *Date

CHANGE/DELETE THE ACCOUNT

☐ Change of Location: (Previous Special Ed Administrator's name is required for reassignment of your RSP Service Records.)
*Remove Location:_____Previous Sp Ed Admin: _____
☐ Add access to Location(s): _____
☐ Change Title/Role From:_____To: _____
☐ No longer an Employee (*Inactivate User*)

Approved: _____ _____ _____ _____
*(Print) Administrator / Immediate Supervisor's Name | *Signature | *Title | *Date

TRAINING & SUPPORT

- For Welligent training, sign up through the Learning Zone by logging onto lz.lausd.net with your Single Sign-on account.
- If you need an e-mail account or forgot your e-mail password, call the ITD Helpdesk at (213) 241-5200, option 1.

Questions? Call the Welligent Support Section at (213) 241-5200, option 4, then option 3.

FAX TO (213) 241-8455