TITLE: TIIP – Title I Intervention Program, Grades 9-12

NUMBER: REF-058898.0

ISSUER: Vivian Ekchian, Deputy Superintendent
Office of the Deputy Superintendent
Alvaro Cortés, Senior Executive Director
Beyond the Bell Branch

DATE: October 12, 2018

The purpose of this Reference Guide is to provide guidance and assistance for implementing the TIIP – Title I Intervention Program (TIIP) in grades 9-12.

PURPOSE: This is a new Reference Guide.

MAJOR CHANGES: This is a new Reference Guide.

INSTRUCTIONS: I. Background

LAUSD has allocated Title I funds to provide extended learning opportunities for at-risk students in the core subjects of English language arts, mathematics, science and history/social science per guidelines of the federal Every Student Succeeds Act (ESSA).

TIIP funding is available to schools that meet the following criteria:
• 68% or below of currently enrolled students on-track for completing the A-G “D” or better requirements towards graduation; OR
• Fall 2017 California School Dashboard ELA distance from level 3 below -70; OR
• Fall 2017 California School Dashboard in Math distance from level 3 below -95

Eligible schools for 2018-2019 are listed in Attachment A. These identified schools may offer credit recovery and/or academic intervention throughout the school year to support increased learning time for students who are not meeting grade level standards or are at risk of not graduating.

This Reference Guide provides required procedures for implementation of the program. All federally funded credit recovery/intervention expenditures must be described in the Academic Domain pages of the Single Plan for Student Achievement (SPSA).
II. Guidelines

A. Response to Intervention

Effective first teaching is the foundation for all instructional programs. The classroom teacher provides intervention and additional instructional support for all students as described in REF-43782, Implementing a Multi-Tiered System of Supports Framework, dated July 1, 2018.

Following classroom program modifications, students who continue to need assistance may need interventions designed to provide tiered support to help them meet grade level standards through:

1. A multi-tiered framework for instruction, intervention, and support.
2. Formative assessments that track student achievement.
3. Flexibility in scheduling, grouping, and class size.
4. Subject-specific curriculum that is flexible enough to target individual student needs.

B. Funding for TIIP Credit Recovery/Intervention

Title I federal funds must be used to supplement, not supplant, the core program. Individual TIIP school allocations are based upon a funding formula of at-risk students. All TIIP allocations and expenditures must follow Title I program guidelines and directions.

Accordingly, schools may not use TIIP funds for intervention that provides test preparation for state mandated assessments. TIIP funds may be used to provide courses for credit recovery and intervention in English language arts, mathematics, science and history/social science.

High School classes for credit must be specifically described as an intervention strategy in the approved SPSA. Schools must seek School Site Council (SSC) approval for interventions funded with categorical funds not written in the SPSA.

III. Student Eligibility Identification

The student population targeted to receive credit recovery/intervention should be based on multiple measures and assessments, including the TIIP school eligibility criteria. School sites should refer to the data available in student information platforms (e.g. MiSiS, MyData,
Schoology, etc.), student grade marks, and progress monitoring when determining student eligibility for interventions. Any student not making adequate progress must be considered for additional support.

IV. Parent Notification

Parental notification is required before a student may participate in a credit recovery/intervention program. Parents must be notified that their son/daughter is at risk of not meeting grade level standards or graduation requirements and is therefore recommended for participation in TIIP. Schools may use the Parent Notification Letters (Attachment B) to inform parents of program dates, times and locations. A record should be kept of when and to whom the parent notification letter was sent. A copy of the parent notification letter is to be kept in the school’s TIIP file upon receipt. At the conclusion of the session, parents should receive a copy of the Report of Student Progress in TIIP Intervention (Attachment C) or a school generated report card for students who participated in credit recovery.

V. Organization of Instruction

A. The school-based instructional leadership team should consider specific interventions based on an analysis of current student achievement data. The following are some examples of when TIIP may be offered:
1. During the school day
   a. Zero period
   b. Seventh period
   c. Auxiliary (Only students with D/F grade marks may be enrolled)
2. Saturday
3. Winter Break/Spring Break

B. Schools may not use TIIP funds for ELD intervention.

C. Class size/norm is determined by the school leadership team based on allocated funding, staff availability, and number of students who need support.

D. Schools are to complete the Intent to Offer TIIP Credit Recovery Form (Attachment D-1) and/or Intent to Offer TIIP Intervention Form (Attachment D-2) and submit a copy to the Beyond the Bell (BTB) Academic Intervention Unit by fax to 213-241-7562 OR email to btb-intervention@lausd.net no later than three weeks prior to the start of a planned credit recovery/intervention session.
E. Complete the Intent to Offer TIIP Credit Recovery form and/or the Intent to Offer TIIP Intervention form as follows:
1. Complete all school information at the top of the form (Attachments D-1 & D-2).
2. Include contact information for the person on campus that is able to answer all questions about the planned program.
3. Write a concise statement that describes who will attend the program, why they qualified, and what the instruction will entail in the “Student Eligibility Criteria” line of the form. Be specific. Be brief. An example might read: “9th and 10th graders receiving a D or F at the 5-week reporting period in math will receive foundation/prerequisite skills instruction.”
4. Use a separate line for each different type of class that will be held. Complete each column to identify the students and class organization planned.
   a. Course title and estimated norm.
   b. Start and end dates of course session.
   c. Start and end times of weekday classes.
   d. Hours/minutes per class meeting (Monday - Friday).
   e. Number of class meetings (Monday - Friday).
   f. Total number of weekday hours (Columns D x E).
   g. Start and end times (Saturdays).
   h. Hours/minutes per Saturday class meeting.
   i. Number of Saturday class meetings.
   j. Total number of Saturday hours (Columns H x I).
   k. Number of course sections.
   l. Total number of hours multiplied by number of sections (Columns F + J x Column K).

The principal is to sign and date the form. Remember to consider holidays when organizing the program. A sample Intent to Offer is provided as part of Attachment D.

VI. Budget Requirements for TIIP Funding

Funding will be available for schools to use throughout the 2018-2019 school year only. Funds will not carry over.

All TIIP credit recovery/intervention custodial supplies, software licenses and/or supplemental instructional materials must be ordered and received by May 5, 2019 to avoid paying back the costs from the school’s general funds.

All time reporting for TIIP must be entered and certified no later than two (2) weeks after the intervention/credit recovery session has ended. Clerical and custodial overtime may not be paid from TIIP funds.
Schools are encouraged to plan multiple opportunities to occur throughout the school year. Schools are not required to plan and request funding all at once.

The BTB Academic Intervention Unit will accept plans and requests for funding up until April 30, 2019. All funded programs must be completed by June 7, 2019. TIIP funds will not be available for expenditures after this date or in the 2019-2020 school year.

All schools must submit a completed Budget Planning Worksheet (Attachment E) along with the Intent to Offer form. If applicable, a Request for Extra Duty Pay for Certificated Administrators form (Attachment F) signed by the Local District Superintendent and/or Supplemental Instructional Resources Request form (Attachment H) signed by the school’s Instructional Director are required when requesting funds. Funds requested must match the planned credit recovery/intervention program described. These documents are required each time funds are requested.

Upon approval, schools will receive the requested funds in Program Code 7T142. BTB will notify the Principal and Fiscal Specialist when funds have posted and are available for immediate use. There is no “after-the-fact” funding allowed. Any change in budget must be requested through BTB.

TIIP funds may not be used to purchase items that are considered part of the regular instructional program (supplanting). A maximum of $1 per participating student may be used to purchase custodial supplies. Schools are responsible for placing any orders for custodial supplies, supplemental instructional materials and/or supplemental instructional software.

Initial (first time) purchases of software licenses should be budgeted using Supplemental Instructional Materials. When budgeting for renewal of software licenses schools are to use Software License Maintenance. All software licenses must be purchased/renewed in a timely manner so that software is received by May 5, 2019 to avoid paying back the costs from the school’s general funds. TIIP funds are intended to provide services and resources for students in the year of allocation. Therefore, the end date for use of software licenses purchased with TIIP funds, regardless of when the licenses were purchased/renewed, must be June 30, 2019.

Goods Receipt for all TIIP expenditures must be processed in SAP on or by June 30, 2019 otherwise, it will be considered a disallowed expenditure and the school will be required to pay back with general funds.
A. TIIP Budget Planning Worksheet
   1. Complete all school information at the top of the Budget Planning Worksheet (Attachment E).
   2. Teachers are paid X-time when providing TIIP supplemental instruction. Using the average teacher hourly rate (including benefits) of $80.00 per hour, calculate the cost of the total number of instructional hours planned for the entire program. (Total hours of instruction x $80.00 per hour).
   3. Teacher Planning X-time may be funded at a maximum of two hours per section per teacher.
   4. Counseling X-time may be funded for a maximum of 60 hours per credit recovery and/or intervention session.
   5. If intervention or credit recovery is planned on a Saturday, an administrator must be present. The school may budget Extra-Duty Administrative Supervision at an average of $80.00 per hour on Saturdays only.
   6. The TIIP funding code is 7T142. These funds will not be transferred to the school site until the intent and accompanying budget worksheet have been approved by the BTB Academic Intervention Unit and the Federal and State Education Programs (FSEP) office.

B. Request for Extra Duty Pay for Certificated Administrators

Schools must complete and submit a Request for Extra Duty Pay for Certificated Administrators (Attachment F) to their LD Superintendent for approval and signature. The request must follow the Guidelines for Extra Duty Pay for Certificated Administrators (Attachment G) established by the Human Resources Division. There will be no “after-the-fact” approval for administrator extra duty pay.

Only employees in an active administrative position may fulfill the duties of principal designee on a Saturday. A separate Request for Extra Duty Pay (Attachment F) must be completed for each administrator as follows:

1. Complete the “TO:” portion of the form at the top, indicating the name of the school’s Local District Superintendent, location (e.g. LD Northwest) and date.
2. Complete the school principal’s information including email and telephone number in the “FROM:” section on the form.
3. In the “RE:” box, complete the requested information for the employee identified to receive extra duty pay: name, employee number, current position, basis, and current location code.
4. Enter a concise but specific description of how the administrator will support and monitor the instructional
program by visiting classes and providing actionable feedback to teachers. *Approval is based upon this description.*

5. Enter the date(s) of every Saturday the administrator will work.

6. Enter the start and end time for the administrator. Up to one additional hour beyond the instructional program day may be budgeted for administrative supervision each Saturday of the program.

7. Calculate the total number of hours requested for each administrator.

8. Complete the “Cost Center to be Charged” portion for the school including:
   a. Fund: 010-3010
   b. Functional Area: 1110-2700-7T142

A copy of the approved, signed and dated form must be submitted to the BTB Academic Intervention Unit. BTB will review and forward the form to the FSEP office for final approval. Please plan accordingly to allow sufficient time for approval before the start of the credit recovery/intervention session.

VII. Instructional Program

A. Curriculum

The goal of TIIP is to support students who are academically at risk. Schools should follow the guidelines for selection of supplemental instructional materials included in **BUL-5209.1, Criteria for Evaluating Instructional Materials and Off-Site Instructional Activities, dated August 22, 2016** to provide targeted assistance to students based on proficiency levels, academic assessment data and class performance. The **Federal and State Education Program and Budget Handbook, Appendix C, Attachment A**, contains guidelines for purchasing supplemental instructional materials and software with Title I funds.

If other materials or software are desired, the school must complete the **Supplemental Instructional Resources Request** form (Attachment H) and obtain the signature/approval of the school’s Instructional Director.

When filling out Attachment H schools should:
1. Complete the school and contact information at the top of the form.
2. Describe in a concise manner the eligibility criteria of the targeted student population that will receive credit recovery/intervention with the selected supplemental
instructional resources.

3. Provide a clear and explicit description for the use of the supplemental instructional materials.

Computer equipment may not be purchased with TIIP funds.

B. Instruction

Effective instruction must be focused and explicit in order to meet the specific needs of all students, including English Learners (ELs), Students with Disabilities (SWDs) and Socio-economically Disadvantaged (SED) students. Teachers must implement high quality standards-based learning activities with clear expectations for student learning. TIIP funding may not be used for ELD intervention or courses.

Teachers and administrators are encouraged to review and use the Credit Recovery/Intervention Observation Snapshot form (Attachment I) when planning, implementing and monitoring their TIIP program.

VIII. High School Credit

A. In order to provide course credit, schools must ensure the following:
   1. The course offered must have an approved course number.
   2. Teacher must be a highly qualified credentialed teacher in the subject of the course offered.
   3. The principal must approve the course offering.
   4. Mid-term and failure notices are required.
   5. At the conclusion of the session, the Assistant Principal, Secondary Counseling Services (APSCS) is responsible for ensuring that the course name/number, attendance and final grade marks for each student are entered into MiSiS.

B. Courses may be held on Saturdays, before/after school, as an auxiliary period, or during winter/spring breaks.

C. TIIP funds may be used for credit recovery for students who previously received a D or F in a core subject course. TIIP funds may not be used to provide courses for enrichment or to “get ahead.” Credit recovery is limited to the core subject areas of English language arts, mathematics, science and history/social science.
IX. Staffing

A. Teacher Selection
1. Teachers interested in teaching credit recovery/intervention are to complete the Teacher Application form (Attachment J).
2. Schools are to follow the priority and selection guidelines referenced in the LAUSD/UTLA agreement, Guidelines for Teacher Selection (Attachment K).
3. The use of substitutes for intervention/credit recovery is not an allowable TIIP expenditure.

B. Counseling Support
1. A maximum of 60 hours may be budgeted per TIIP credit recovery/intervention session for counseling support. Counselors must provide direct services to students and are to use MiSiS Counseling Communication to document all direct services provided during the session.

C. Administrative Support
1. Administrators must supervise and monitor instruction regularly and provide actionable feedback to teachers.
2. Administrators may use the provided observation tool (Attachment I) or a school created monitoring form.

X. Attendance Accounting and Documentation

A. Placement in Credit Recovery
1. Daily attendance will not be taken online through MiSiS for credit recovery classes. Attendance registers must be kept on file for five years for audit purposes.
2. All courses offered for credit recovery must have an approved course number entered in the subject/course line in the top portion of the Attendance Register(s) (Attachment L).
3. Teachers must comply with mid-term and failing grade notifications.
4. Progress Grades/Final Marks must be assigned as letter grades A-F only.
5. All documentation records must be submitted to the APSCS no later than one week after the end of the program.
6. The school APSCS is responsible for ensuring that course names, numbers and final grades are entered into MiSiS for every student.
7. If the TIIP funded course is scheduled outside of the school day, please do the following in MiSiS:
   o Create sections using periods 50-75. Refer to the MiSiS job aid “Master Scheduling Guide to Creating Credit
Recovery Sections in Periods 50-75.”

- **Section Type**: Type in TIIP. Refer to MiSiS Job Aid for assistance.
- **Sections Editor**: Create the appropriate credit recovery sections and assign to corresponding teachers. Refer to MiSiS job aid for Adding Sections in Sections Editor.
- **Section Attribute**: Select the appropriate descriptor using the drop down menu. If none applies, leave blank.
- **Select “Exclude Attendance” and “Exclude Grades.”**

8. To enter a Final Grade Mark for an individual student in MiSiS, the final grade mark may be manually entered in the transcript. Refer to the job aid “How to Edit a Student’s Transcript” for assistance.

9. When entering Final Marks for all students enrolled in a course in MiSiS (as a whole group): Remove “Excludes Grades” from the Section Attributes and save the settings. Enter the grade for the student under Manage Grades or Grades (view and edit). After the grade is entered, reset the Section Attribute back to “Exclude Grades.”

10. Students who drop out of a credit recovery course should not have their course recorded on their transcript because this course was voluntary.

11. Schools are to submit the **Final Grades Roster** (Attachment M) to the BTB Academic Intervention Unit no later than 2 weeks after the conclusion of the credit recovery session via fax at 213-241-7562 or email to btb-intervention@lausd.net.

**B. Placement in Intervention**

1. Placement of eligible students to participate in a planned intervention occurs in MiSiS before the intervention begins.

2. Schools should go to the MiSiS website, [http://misis.lausd.net](http://misis.lausd.net) and click on “Training”; click on “Job Aids” and then click on “Placement and Update Academic Intervention” which will generate the job aid “Updating Academic Intervention” dated July 2, 2015.

3. From the MiSiS Reports tab option, select the **Intervention Services Report** to generate a list of students placed in intervention. This report may be downloaded as an Excel document for greatest flexibility of use. Schools are to use this report to identify students with missing data, organize class lists, prepare class rosters and populate class attendance registers (when downloaded as an Excel document).

4. Daily attendance will **not** be taken online through MiSiS for intervention classes. **Attendance Registers** (Attachment L) are to be used for recording daily attendance by the intervention teachers. Every intervention teacher is to have an accurate
class attendance register. Attendance registers are official records and must be filed at the school site for 5 years.

5. At the conclusion of the intervention program, teachers must finalize the following:
   a. Attendance Register (Attachment L) – calculate the total hours of attendance and enter the final progress mark for each student. Certify this information by signing each page of the register.
   b. Report of Student Progress (Attachment C) – complete and send home for each student.
   c. Intervention Documentation – submit the Attendance Register which includes student final progress marks to the office staff within one week of the end of the program.

6. At the conclusion of the intervention program, office staff must enter the following information into the Student Intervention Service screen for all students placed in the program:
   a. Actual Participation Duration (total attendance hours).
   b. For students who are placed in an intervention class, but do not show up, the office staff is to enter “0” (zero) hours for attendance and “No Show” for Participation End Reason.
   c. For students that drop out or attend only part of the intervention program, the office staff is to enter the actual number of hours attended and select “Dropped Out” for their Participation End Reason.
   d. Participation Outcome – enter the final progress mark for each student (S, I, or U). Students who attend less than half of the session should receive an Incomplete (I).

7. Schools are to print and submit a copy of the MiSiS Intervention Service Report with all required student information, and signed by the principal to Beyond the Bell Academic Intervention Unit no later than two weeks after the end of the intervention program via Fax to 213-241-7562 OR email to btb-intervention@lausd.net.

XI. Budget Guidelines and Payroll Procedures

A. Time reporting records (e.g. time cards, semi-annual certifications, etc.) must be available to authorized personnel at any time for inspection or audit purposes. Records are to be saved at the school site for five years.

B. Payroll procedures require that a separate District timecard must be kept for each employee and funding source.

C. Schools are to follow the specific guidelines for TIIP funding.
Schools should refer to BUL-2643.8, *Documentation for Employees Paid from Federal and State Categorical Programs*, dated June 7, 2017.

D. All time reporting for TIIP must be entered and certified no later than two (2) weeks after the intervention/credit recovery session has ended. Clerical and custodial overtime may not be paid from TIIP funds.

E. All custodial supplies, software licenses and/or supplemental instructional materials purchased with TIIP funds must be ordered and received by May 5, 2019 to avoid paying back the costs from the school’s general funds.

F. TIIP funds will be available for schools to use throughout the 2018-2019 school year only. Funds will not carry over.

XII. Food Services

A. TIIP funds may not be used to purchase food.

B. Schools may only use appropriate local funds to order food. Schools must contact their Cafeteria Manager and complete the *Request to Begin or Change Meal Service* (Attachment N), 6-8 weeks prior to offering the session.

C. Schools may also purchase bulk items from the Food Services warehouse using appropriate funding.

D. If you have any questions, please contact your Area Food Services Supervisor or call Food Services at 213-241-6419 or 213-241-6422.

XIII. Transportation

Schools are advised to coordinate after school credit recovery/intervention sessions with late buses when available. Schools may not use TIIP funds to order additional buses. Schools may only use appropriate local funds to order additional buses using the *Application for Auxiliary Transportation/Trip* form (Attachment O).
**RELATED RESOURCES:**

- BUL-2643.8, *Documentation for Employees Paid from Federal and State Categorical Programs*, dated June 7, 2017
- REF-43782, *Implementing a Multi-Tiered System of Supports Framework*, dated July 1, 2018
- BUL-6518.1, *Restricted use of P-Card, Ghost Card and Travel Card (T-Card) for Title I Program Purchases*, dated July 31, 2017

Federal and State Education Programs (FSEP) Website:

http://achieve.lausd.net/fsep

LAUSD Teaching and Learning Framework, Professional Leadership Development Division, dated June 2016

MEM-6733.3 *Credit Recovery Program Opportunities*, dated August 24, 2017


**ASSISTANCE:** For assistance or further information, please contact Betsy Castillo, BTB High School Administrator, at bac9874@lausd.net or 213-241-2639.
# 2018-2019 TIIP High School Sites

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<td>7665</td>
<td>W</td>
<td>HAWKINS SH CHAS</td>
</tr>
<tr>
<td>8650</td>
<td>S</td>
<td>FREMONT SH</td>
<td>7666</td>
<td>W</td>
<td>HAWKINS SH RISE</td>
</tr>
<tr>
<td>8664</td>
<td>S</td>
<td>GARDENA SH</td>
<td>8721</td>
<td>S</td>
<td>JORDAN SH</td>
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<tr>
<td>8721</td>
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<td>JORDAN SH</td>
<td>8736</td>
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<td>LOS ANGELES SH</td>
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<tr>
<td>8838</td>
<td>S</td>
<td>NARBONNE SH HArts ACD</td>
<td>8928</td>
<td>W</td>
<td>WASHINGTON PREP SH</td>
</tr>
<tr>
<td>8868</td>
<td>S</td>
<td>RANCHO DOMINGUEZ PREP</td>
<td>8943</td>
<td>W</td>
<td>WESM HLTH/SPORTS MED</td>
</tr>
<tr>
<td>7718</td>
<td>S</td>
<td>RIVERA LC COM &amp; TECH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7719</td>
<td>S</td>
<td>RIVERA LC GD STEAM ACD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7721</td>
<td>S</td>
<td>RIVERA LC PERF ARTS</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SCHOOL NAME

PARENT NOTIFICATION
Title I Intervention Program (TIIP)

To the Parent/Guardian of: ________________________ ________________________ ________________________ ________________________
(Student’s Name) (Date) (Date of Birth) (Grade) (Room #)

This letter is to inform you that at this time your son/daughter is at risk of not meeting grade-level standards. Your son/daughter is not academically proficient as identified on the most recent academic test data. In order to provide additional academic support, we have scheduled your son/daughter to attend academic intervention in the following subject area(s):

☐ English Language Arts  ☐ History/Social Science  ☐ Mathematics  ☐ Science

Program Dates: __________________________________________ to __________________________________________

Days & Time: __________________________________________

Location: __________________________________________

Please complete the information below and return this form to your child’s teacher. Daily attendance is critical and we look forward to your son/daughter participating in this program.

Sincerely,

______________________________ __________________________
Principal’s Signature Date

Return to: __________________________

Parent/Guardian Statement:

I have received and understand the above information regarding the ESSA Credit Recovery/Intervention Program offered to students not meeting proficiency as identified on the most recent academic test data. I understand that my son/daughter is being provided this program because he/she is at risk of not meeting grade level standards.

☐ Yes, I give permission for my child to attend.  ☐ No, I do not give permission for my child to attend.

______________________________ __________________________
Student’s Name (Please Print) Date

______________________________ __________________________
Parent/Guardian Signature Parent/Guardian Contact Number

Home Address
NOTIFICACIÓN PARA LOS PADRES
Título I Programa de Intervención (TIIP)

Al padre o tutor de:

(Nombre del estudiante)  (Fecha)

(Fecha de nacimiento)  (Grado)  (Número de salón)

El propósito de esta carta es informarles que su hija(o) corre el riesgo de no cumplir con los estándares correspondientes a su nivel de grado. De acuerdo a los datos mas reciente, su hija(o) no es académicamente proficiente. Para proporcionarle apoyo académico adicional hemos registrado a su hija(o) para que asista a los servicios académicos de intervención en la siguiente materia(s):

☐ Inglés/Artes de Lenguaje  ☐ Historia/Ciencias Sociales  ☐ Matemáticas  ☐ Ciencia

Fecha del Programa: _____________________________ a _____________________________

Días y Horas: _____________________________

Lugar: _____________________________

Por favor complete la información de abajo y regréselo a el/la maestro(a) o consejero(a) de su hijo(a). La asistencia todos los días es critica y esperamos ansiosos a que su hijo(a) participe en este programa.

Sinceramente,

Firma del Director(a)  Fecha

Devuelto a: _____________________________

Declaración del padre/tutor:

Yo he recibido y entiendo la información arriba con respecto al Programa de Recuperación de Créditos/Intervención – ESSA que es ofrecido a los estudiantes identificados como no proficientes por los datos de exámenes académicos más recientes. Yo entiendo que mi hijo(a) recibirá esta oportunidad porque él/ella está a riesgo de no alcanzar los estándares de su nivel de grado.

☐ Sí, doy permiso para que mi hijo(a) asista.  ☐ No, no doy permiso para que mi hijo(a) asista.

Nombre del estudiante  Fecha

Firma del padre/tutor  Padre/Tutor número de teléfono

Domicilio
Title I Intervention Program (TIIP)  
REPORT OF STUDENT PROGRESS

Student’s Name: ____________________ Grade: _____ Teacher: ____________________

School Name: ______________________

Dates of Program: From: ____________ To: ____________________

Attendance: Days Present _______ Days Absent: ___________

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>PRE-TEST</th>
<th>POST TEST</th>
<th>OVERALL PROGRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>English Language Arts</td>
<td>Date Taken</td>
<td>Date Taken</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>Mathematics</td>
<td>Pre-Test Score</td>
<td>Post Test Score</td>
<td>Unsatisfactory</td>
</tr>
<tr>
<td>Science</td>
<td></td>
<td></td>
<td>Incomplete *</td>
</tr>
<tr>
<td>Social Science/History</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Student attended less than ½ of program session

Student Progress

**Achievement:** Student shows improvement in skills and concepts taught in class.

**Participation:** Student engages in activities which contribute to learning.

**Perseverance:** Student displays determination in learning without giving up.

**Attitude:** Student respects others, accepts challenges, and has a positive outlook.

**Attendance:** Student comes to class on time and completes a full session each day.

Teacher Comments:

__________________________
Teacher Signature: ____________________ Date: _______ Principal: ____________________

Copy to: Parent/Guardian
         Student file
Título I Programa de Intervención (TIIP)  
PROGRESO DEL ESTUDIANTE

Nombre: ___________________________ Grado: _______ Maestro/a: ___________________________

Escuela: __________________________________________________________________________

Fecha del Programa:  Desde: ______________ Hasta: ________________________________

Asistencia:  Días Presente: _______ Días Ausente: ________________________________

<table>
<thead>
<tr>
<th>MATERIA</th>
<th>PRE-TEST</th>
<th>POST-TEST</th>
<th>PROGRESO TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Inglés/Artes de Lenguaje</td>
<td>Fecha del Examen</td>
<td>Fecha del Examen</td>
<td>Satisfactorio</td>
</tr>
<tr>
<td>☐ Matemáticas</td>
<td>Puntuación</td>
<td>Puntuación</td>
<td>No satisfactorio</td>
</tr>
<tr>
<td>☐ Ciencia</td>
<td></td>
<td></td>
<td>Incompleto*</td>
</tr>
<tr>
<td>☐ Historia/Ciencias Sociales</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Estudiante asistió a menos de la mitad de las sesiones del programa total

Progreso del Estudiante

<table>
<thead>
<tr>
<th>Rendimiento: Estudiante demuestra progreso en los estándares y los conceptos discutidos en clase.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participación: Estudiante participa en las actividades que contribuyen al aprendizaje.</td>
</tr>
<tr>
<td>Perseverancia: Estudiante demuestra determinación en aprender sin darse por vencido.</td>
</tr>
<tr>
<td>Actitud: Estudiante respeta a los demás, tiene una actitud positiva, y acepta los retos.</td>
</tr>
<tr>
<td>Asistencia: Estudiante viene a clase puntualmente y completa la sesión cada día.</td>
</tr>
</tbody>
</table>

Comentarios del Maestro(a):

____________________________________________________________________________________________________________________________________________________

Firma del Maestro(a) ___________________________ Fecha _______ Director(a) ___________________________

Copia a: Padres/Guardianes
Archivo del estudiante
BEYOND THE BELL BRANCH, ACADEMIC INTERVENTION UNIT

Intent to Offer TIIP Credit Recovery

**THIS FORM IS DUE 3 WEEKS PRIOR TO THE START OF THE CREDIT RECOVERY PROGRAM/SESSION.**

<table>
<thead>
<tr>
<th>High School</th>
<th>Location Code</th>
<th>LD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Contact Person**

<table>
<thead>
<tr>
<th>Title</th>
<th>Email</th>
<th>Telephone &amp; Extension</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Student Eligibility Criteria:**

Students in grades 9-12 who previously earned a D or F in a core subject—English, math, science, history/social science.

---

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
<th>J</th>
<th>K</th>
<th>L</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Title</td>
<td>Start &amp; End Dates of Course Session</td>
<td>Start &amp; End Times of Classes</td>
<td>Hrs./Mins. per Class Meeting</td>
<td>(M-F)</td>
<td>Number of Class Mtgs</td>
<td>Total # of Weekday Hours</td>
<td>Start &amp; End Times Saturdays</td>
<td>Hrs./Mins. per Class Meeting</td>
<td>(Saturdays)</td>
<td>Number of Class Mtgs</td>
<td>Total # of Saturday Hours</td>
</tr>
<tr>
<td>Est. Norm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Principal Signature ____________________________ Date ____________________________

Return this form to Beyond the Bell Branch Academic Intervention Unit for review 3 weeks prior to the start of the credit recovery program/session at FAX # (213) 241-7562 or email: btb-intervention@lausd.net, Attn: Betsy Castillo, High School Administrator

Page ___ of ___
BEYOND THE BELL BRANCH, ACADEMIC INTERVENTION UNIT

Intent to Offer TIIP High School Intervention

THIS FORM IS DUE 3 WEEKS PRIOR TO THE START OF THE HIGH SCHOOL INTERVENTION PROGRAM/SESSION.

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
<th>J</th>
<th>K</th>
<th>L</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Title</td>
<td>Start &amp; End Dates of Course Session</td>
<td>Start &amp; End Times of Classes</td>
<td>Hrs./Mins. per Class Meeting</td>
<td>Number of Class Mtgs</td>
<td>Total # of Weekday Hours</td>
<td>Start &amp; End Times Saturdays</td>
<td>Hrs./Mins. per Class Meeting</td>
<td>Number of Class Mtgs</td>
<td>Total # of Saturday Hours</td>
<td>Number of Course Sections</td>
<td>Total Number of Hours X Number of Sections</td>
</tr>
<tr>
<td>Est. Norm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Principal Signature ___________________________ Date __________________

Return this form to Beyond the Bell Branch Academic Intervention Unit for review 3 weeks prior to the start of the intervention program/session at FAX # (213) 241-7562 or email: btb-intervention@lausd.net, Attn: Betsy Castillo, High School Administrator

Page ___ of ___
BEYOND THE BELL BRANCH, ACADEMIC INTERVENTION UNIT

Intent to Offer TIIP Credit Recovery

THIS FORM IS DUE 3 WEEKS PRIOR TO THE START OF THE CREDIT RECOVERY PROGRAM/SESSION.

<table>
<thead>
<tr>
<th>High School Location Code</th>
<th>LD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Person Title</td>
<td>Email</td>
</tr>
</tbody>
</table>

Student Eligibility Criteria: Students in grades 9-12 who previously earned a D or F in a core subject - English, math, science, history/social science

Following are 3 examples of calculating paid hours for credit recovery sessions:

1. Classes held on weekdays only. (Column D X Column E = Column F per teacher)
2. Classes held on Saturdays only. (Column H X Column I = Column J per Teacher)
3. Classes held on both weekdays and Saturdays times number of sections. (Column F + Column J X Column K = Total hours paid per teacher)

<table>
<thead>
<tr>
<th>A Course Title</th>
<th>B Start &amp; End Dates of Course Session</th>
<th>C Start &amp; End Times of Classes</th>
<th>D Hrs./Mins. per Class Meeting (M-F)</th>
<th>E Number of Class Mtgs (M-F)</th>
<th>F Total # of Weekday Hours</th>
<th>G Start &amp; End Times Saturdays (includes 30 mins. unpaid break)</th>
<th>H Hrs./Mins. per Class Meeting (Saturdays)</th>
<th>I Number of Class Mtgs (Saturdays)</th>
<th>J Total # of Saturday Hours</th>
<th>K Number of Course Sections</th>
<th>L Total Number of Hours X Number of Sections Column F + Column J X Column K</th>
</tr>
</thead>
<tbody>
<tr>
<td>Algebra 1</td>
<td>10-1-18 to 12-14-18</td>
<td>M, W &amp; Th 3:15 p.m. to 5:15 p.m.</td>
<td>2 hrs.</td>
<td>30</td>
<td>60</td>
<td>9:00 a.m. to 1:30 p.m.</td>
<td>4 hrs.</td>
<td>15</td>
<td>60</td>
<td>2</td>
<td>120</td>
</tr>
<tr>
<td>English 10B</td>
<td>10-6-18 to 3-16-19</td>
<td>M &amp; W 3:15 p.m. to 5:15 p.m.</td>
<td>2 hrs.</td>
<td>14</td>
<td>28</td>
<td>8:30 a.m. to 1:00 p.m.</td>
<td>4 hrs.</td>
<td>8</td>
<td>32</td>
<td>3</td>
<td>180</td>
</tr>
<tr>
<td>Biology 8</td>
<td>10-1-18 to 12-12-18</td>
<td>M &amp; W 3:15 p.m. to 5:15 p.m.</td>
<td>2 hrs.</td>
<td>14</td>
<td>28</td>
<td>8:30 a.m. to 1:00 p.m.</td>
<td>4 hrs.</td>
<td>8</td>
<td>32</td>
<td>1</td>
<td>60</td>
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</tbody>
</table>

Principal Signature _________________________________ Date ___________________________

Return this form to Beyond the Bell Branch Academic Intervention Unit for review 3 weeks prior to the start of the credit recovery program/session at FAX # (213) 241-7562 or email: bib-intervention@lausd.net, Attn: Betsy Castillo, High School Administrator

Page of 1
BUDGET PLANNING WORKSHEET  
Title I Intervention Program (TIIP)  
PROGRAM CODE 7T142

<table>
<thead>
<tr>
<th>SCHOOL NAME</th>
<th>LD</th>
<th>FUND CENTER</th>
<th>CONTACT NAME, PHONE NUMBER &amp; EMAIL</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>FUND</th>
<th>FUNCTIONAL AREA</th>
<th>COMMITMENT ITEM</th>
<th>POSITION/ACCOUNT TITLE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>010-3010</td>
<td>1110-1000-7T142</td>
<td>110004</td>
<td>Tutor Teacher X-Time</td>
<td># of hours ______ x $80/hour</td>
</tr>
<tr>
<td>010-3010</td>
<td>1110-1000-7T142</td>
<td>110004</td>
<td>Teacher Planning X-Time</td>
<td>2 hours per section x $80/hour</td>
</tr>
<tr>
<td>010-3010</td>
<td>1110-2700-7T142</td>
<td>130004</td>
<td>Admin. Extra Duty Pay*</td>
<td># of hours ______ x $80/hour</td>
</tr>
<tr>
<td>010-3010</td>
<td>1110-3110-7T142</td>
<td>120024</td>
<td>Counseling X-Time (maximum 60 hours per session)</td>
<td># of hours ______ x $80/hour</td>
</tr>
<tr>
<td>010-3010</td>
<td>1110-1000-7T142</td>
<td>430010</td>
<td>Supplemental Instructional Materials** (Provide Title/Publisher below. Includes new software licenses.)</td>
<td></td>
</tr>
<tr>
<td>010-3010</td>
<td>1110-1000-7T142</td>
<td>580020</td>
<td>Software License Maintenance ** (Provide Title/Publisher below. Use for license renewals only.)</td>
<td></td>
</tr>
<tr>
<td>010-3010</td>
<td>1110-8100-7T142</td>
<td>430003</td>
<td>Custodial Supplies***</td>
<td></td>
</tr>
</tbody>
</table>

**Title & Publisher of Materials/Software:**

<table>
<thead>
<tr>
<th>TOTAL BUDGET</th>
</tr>
</thead>
</table>

* A signed & approved Request for Extra Duty Administrator Pay form (Attachment F) must accompany this worksheet for administrator(s) needed to work on Saturdays.
** If instructional material or software is not listed in Appendix C, Attachment A of the FSEP 2018-2019 Program and Budget Handbook, submit signed/approved Attachment H with this worksheet. Instructional materials and software licenses must be received at the school site by May 5, 2019. Software licenses must be used by June 30, 2019.
*** A maximum of $1 per student per TIIP intervention/credit recovery session is allowed.

TIIP funds are restricted and must meet all Title I fiscal compliance guidelines. All personnel expenditures require time reporting and the completion of the Semi-Annual Certification. **All payroll reporting must be completed no later than 2 weeks after the conclusion of the intervention/credit recovery session.** Program documents to be retained on site for 5 years for audit purposes include: student pre/post test results, grade verification rosters, signed attendance registers, class rosters, timecards, Semi-Annual Certifications, and all other expenditure documents. Upon approval, budgeted funds will be allocated to the school and the site administrator will be notified.

Please note: 2018-2019 TIIP funds will not carry over.

Principal’s Signature _____________________________ Date __________

Submit this worksheet with the Intent to Offer Credit Recovery/Intervention form to the BTB Academic Intervention Unit for review. This is due at least 3 weeks prior to the start of the credit recovery/intervention session via FAX (213) 241-7562 or email: btb-intervention@lausd.net. Attn: Betsy Castillo, High School Administrator

For BTB Use Only:

<table>
<thead>
<tr>
<th>Date Received</th>
<th>BTB Approval</th>
<th>Date Forwarded to FSEP</th>
<th>Date Approved by FSEP</th>
<th>BTB Budget Posting Date</th>
<th>School Notification Date</th>
</tr>
</thead>
</table>
Los Angeles Unified School District
Human Resources Division
Certificated Administrative Services

REQUEST FOR EXTRA DUTY PAY FOR CERTIFICATED ADMINISTRATORS

TO:_________________________________________ Date:___________________________

Local District Instructional Area Superintendent/Division Head

_________________________________________

Local District/Division

FROM:______________________________ Title ____________________________ Location Code ____________________________

Principal/Administrator

School/Office Name ___________________________ Email ____________________________ Telephone ____________________________

RE: Extra Duty Pay Request – Administrator Information

Name of Administrator: ___________________________________________ Emp. No: ____________

Current Position: __________________________ Basis: ____________ Location: ____________________________

Description of services provided and rationale:

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

Date of Services: ______________ Start Date: ______________ End Date: ______________

Day(s) of the Week: Specific Saturday Dates: ______________ Start Time: ______________ End Time: ______________

Total Hours Requested: ____________________________

Cost Center to be Charged:

School/Office: ____________________________ Location Code: ____________________________

Cost Center: ____________________________ **Fund: ____________________________ Functional Area: ____________________________

* Use of Categorical Funds (Title I and EIA) also requires written approval on the Budget Adjustment Request (BAR) from the appropriate central office categorical personnel, either Federal & State Education Programs or Multilingual & Multicultural Education.

☐ Approved My signature approving this request for extra duty pay is also verification that this assignment, in combination with any other assignment(s), does not exceed the 200-hour per pay period limit for this employee (per Human Resources Policy Guide A7 – Assignment Multiple).

☐ Not Approved

Local District Instructional Area Superintendent/Division Head Signature ____________________________ Date ____________________________

Notes: The approved HR Form 9051 is to be kept on file at the school/time reporting location as part of the required payroll support documentation.

LUSDHR Form 9051 07/2015
Los Angeles Unified School District
Human Resources Division

GUIDELINES FOR EXTRA DUTY PAY
FOR CERTIFICATED ADMINISTRATORS

I. Summary/Guidelines

It has been a longstanding District expectation and practice that administrators devote the time necessary to perform their duties. Although, in recognition of the “professional workday,” when the administrator’s schedule requires extended work hours on a given day, flexible work hours on a subsequent day may be taken with the prior approval of the immediate supervisor, in accordance with LAUSD/AALA Collective Bargaining Agreement, Article X, Sections 1.2 and 1.3. Generally, administrators are not provided extra pay or compensatory time off for performing job-related duties.

However, in very limited circumstances, administrators may be eligible for “extra duty” pay (X or Z Basis) when administrators perform services and/or duties on unassigned days that are related to the supervision of the core academic instructional program. The circumstances in which extra duty pay may be warranted are exceptions, rather than the rule. An unassigned day is defined as a non-business day which falls “outside” of the administrator’s regular calendar basis/work week.

Extra duty pay (X or Z Basis) is not to be approved or reported for any extended work hours on a regular work day in which regular time pay hours are reported, regardless of the funding source or reason. The only exception to this is at School Improvement Grant (SIG) schools on days in which the school day has been extended. Administrators at School Improvement Grant (SIG) schools are eligible for X Basis for the extended instructional work time on any day in which the schedule provides extended instructional time for students.

In addition, extra duty pay (X or Z Basis) is not to be approved or reported for “catch-up work done on weekends, holidays, unassigned days, or on a regular work day in which regular time pay hours are reported, regardless of the funding source or reason.

Prior written approval for all extra duty pay (X or Z Basis) for administrators must be obtained from the appropriate ESC Instructional Area Superintendent/Division Head, before the service commences and time reporting takes place, regardless of the funding source or reason. As part of the approval process, appropriate funding must be identified and available in the school or office budget.

II. Funding for Extra Duty Pay for Administrators

A. Appropriate funding must be identified and available in the school or office budget.

B. Imprest Funds or the P Card cannot be used to pay any extra duty pay, any salary payment, or for professional services of any kind.
C. The use of categorical funds for administrator X Basis, Title I 7S046/70S46, EIA-EDY 7V462/74V62, EIA-LEP 7S536, EIA-LEP 7V603, and EIA-SCE 7S539, requires the PRIOR approval of the applicable advisory council, the School Site Council, and written approval on the Budget Adjustment Request (BAR) from the appropriate central office categorical personnel (either Deborah Ernst, Director, Federal & State Education Programs, or Hilda Maldonado, Director, Multilingual & Multicultural Education).

1. Categorical funds expended prior to written approval on the Budget Adjustment Request (BAR) from the appropriate central office categorical program personnel (either Deborah Ernst, Director, Federal & State Education Programs, or Hilda Maldonado, Director, Multilingual & Multicultural Education) must be repaid to the applicable Federal and/or State funding source.

2. There will be no after-the-fact approval for extra duty pay when funding with categorical resources.

3. When using categorical funds, the professional development and/or intervention must be focused on ELA, Math, or ELD. ELD intervention may only be funded with resources for English Learners.

4. Administrative salaries for intervention and/or site-based professional development on unassigned days cannot be budgeted (allocated) during the categorical budget development process. As a result, categorical funds cannot be used for extra duty pay (X or Z Basis) for administrators for work performed between the period of time when the administrator’s regular basis ends (for one school year) and begins for the new school year (Summer Break).

5. After approval of the applicable advisory council and the School Site Council, a budget adjustment request for X Basis is to be prepared and these salaries must be factored into the indirect cost.

   a. For professional development pertaining to ELA, mathematics, science, social studies, and ELD, the agenda(s) must be attached to the Budget Adjustment Request (BAR).

   b. For intervention programs, a flyer or notification to parents describing the intervention must be attached to the Budget Adjustment Request (BAR). The description should include the following:

      i. The date(s) and time.

      ii. Number of sessions/days

      iii. Approximate number of students.
Guidelines for Extra Duty Pay for Certificated Administrators

Page 3

6. The use of Title III 78176 is not allowed for extra duty pay (X or Z Basis) for administrators, regardless of the reason or program.

7. Questions regarding the use of categorical funds for administrator X Basis and categorical fund expenditure approval should be directed to the appropriate central office categorical program personnel as follows:
   a. Deborah Ernst, Director, Federal & State Education Programs, at (213) 241-6990.
   b. Hilda Maldonado, Director, Multilingual & Multicultural Education, at (213) 241-5582.

III. Process to Request Extra Duty Pay (X or Z Basis) for Certificated Administrators

A. Effective immediately, before commencing service and time reporting, prior written approval (using HR Form 9051, Request for Extra Duty Pay for Certificated Administrators) for all extra duty pay (X or Z Basis) must be obtained from the applicable ESC Instructional Area Superintendent/Division Head.

B. The completed HR Form 9051, Request for Extra Duty Pay for Certificated Administrators, is to be sent by the principal/site administrator to the respective ESC Instructional Area Superintendent/Division Head for approval, even when the request is for extra duty pay (X or Z Basis) for the principal/site administrator.

C. The approved HR Form 9051 should be returned to the requesting principal/site administrator, with a copy retained by the applicable Educational Service Center/Division.

D. A copy of the approved HR Form 9051, Request for Extra Duty Pay for Certificated Administrators, is to be provided to the time reporter and kept on file at the school/time reporting location as part of the required payroll support documentation for audit purposes for five years.

IV. Limit on Additional Assignments for Certificated Employees

A. Certificated employees are limited to additional assignments (including, but not limited to X and Z Basis), certificated or non-certificated, in which regular time pay hours and additional assignment(s) hours do not exceed 200 hours in any pay period. (Policy Guide A7 – Assignment Multiple)

   1. This 200 hour maximum per pay period limit applies to all certificated assignments regardless of whether the additional assignment is certificated, classified, or unclassified.

   2. The signature of an ESC Instructional Area Superintendent or Division Head on a Request for Extra Duty Pay for Certificated Administrators (HR Form 9051) is considered by the Human Resources Division as verification that the assignment will not exceed the 200 hour per pay period limit.

VKE:yy
Revised: 6-27-13
B. If an assignment will cause the certificated employee to exceed the 200 hour per pay period limit, the requesting school/office must obtain a written pre-approval from the applicable ESC Instructional Area Superintendent/Division Head and respective Deputy Superintendent.

C. A copy of the written approval by the respective Deputy Superintendent to exceed the 200 hour per pay period limit is to be provided to the applicable time reporter and kept on file at the school/time reporting location as part of the required payroll support documentation for audit purposes for five years.

If you have any questions or need more information, please contact Maria Voigt, Administrative Assignments, at (213) 241-6365.
Supplemental Instructional Resources Request

We are requesting to purchase supplemental instructional materials or software not identified in the FSEP 2018-19 Program and Budget Handbook, Appendix C, Attachment A.

School: ___________________________________________  LD: __________________

<table>
<thead>
<tr>
<th>Principal</th>
<th>Telephone Number</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Person</td>
<td>Telephone Number</td>
<td>Email</td>
</tr>
</tbody>
</table>

Target Population  Number of Students

Name of material(s) requested:

Please check (✓) subject(s):  ☐ ELA  ☐ Math  ☐ Science  ☐ History/Social Science

Description of the use of materials during TIIP intervention/credit recovery:

The supplemental resources above have been approved to be evidence-based instructional materials that support student academic growth.

Signature of Principal ___________________________________________ Date ______________

Approval: Signature of LD Instructional Director ___________________________ Date ______________
### CREDIT RECOVERY / INTERVENTION OBSERVATION SNAPSHOT
Adapted from the Teaching and Learning Framework

<table>
<thead>
<tr>
<th>Observer Name/Title</th>
<th>School</th>
<th>Date/Time</th>
<th>Teacher/Room #</th>
<th>Course(s)</th>
<th># of Students</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>STANDARD/ELEMENT</th>
<th>STRATEGIES</th>
<th>EXAMPLES</th>
<th>OBSERVATION NOTES/EVIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1d1 Standards-based Learning Activities</td>
<td>Activities are designed to engage students in cognitively challenging work that is aligned to the standards. Needs of diverse student subgroups, including English Learners (ELs), Students with Disabilities (SWDs), Socio-economically Disadvantaged (SEDs) are addressed.</td>
<td>Teacher moves around continually, asking questions, listening to student discussions, clarifying information and encouraging multiple solutions. Graphic organizers, Thinking Maps, rubrics, criteria charts, and manipulatives, etc. are used in place of low rigor, rote activities, such as, textbook “end of chapter” seat work, drill sheets or copying. Learning is differentiated for diverse learners.</td>
<td></td>
</tr>
<tr>
<td>2b2 Expectations for Learning and Achievement</td>
<td>The culture of the classroom reflects a growth mindset with clear and high expectations about what is expected of students in order for them to learn and achieve.</td>
<td>Students are directed to what they are learning, “Look at…; take note of…; be aware of…” When questioned, students are able to explain the objective, rationale/purpose and expected learning from completing a task. Students are recognized for effort and perseverance put into tasks.</td>
<td></td>
</tr>
<tr>
<td>3a4 Use of Academic Language</td>
<td>Academic language is used to communicate and deepen understanding of the content.</td>
<td>Teacher models correct use of academic language through structured opportunities for students. High utility word banks, word walls, notebooks and study logs are used to practice/record academic vocabulary. Sentence/language frames and academic language structures/templates are provided to support students’ use of academic vocabulary verbally and in writing.</td>
<td></td>
</tr>
<tr>
<td>3b1 Quality and Purpose of Questions</td>
<td>Questions are designed to challenge all students and elicit high level thinking.</td>
<td>Questions cannot be answered with yes or no answers; explanations or justifications are required. Models, examples, visuals, language structures are provided to enable diverse learners to answer questions.</td>
<td></td>
</tr>
<tr>
<td>3b2 Discussion Techniques and Student Participation</td>
<td>Techniques are used to ensure that all students share their thinking around challenging questions.</td>
<td>All students participate through the use of intentionally selected strategies, such as, “Think/Pair/Share/Capture,” “Quote Your Neighbor,” “Stop and Talk,” etc. Teaching strategies are intentionally selected to differentiate and engage all students in rigorous, intellectual discussions. Room is set up to allow for flexible grouping.</td>
<td></td>
</tr>
</tbody>
</table>
# TEACHER APPLICATION
Title I Intervention Program (TIIP)

<table>
<thead>
<tr>
<th>FOR PRINCIPAL USE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selection Priority #: ________________________</td>
</tr>
<tr>
<td>Seniority Date: ____________________________</td>
</tr>
<tr>
<td>Date Assigned: _____________________________</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>APPLICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Filing Deadline: __________________________</td>
</tr>
<tr>
<td>10 Working Days before Class Begins</td>
</tr>
<tr>
<td>Date Received: ____________________________</td>
</tr>
</tbody>
</table>

Please fill in this application completely. Indicate “N/A” if not applicable. Print in ink or type all information.

1. Payroll Name (Last) --------- (First) --------- (Middle) --------- LAUSD Employee No.

2. Address (Street) --------- (City) --------- (State) --------- (Zip Code)

3. Contact Number (____) ________________ School Telephone (____) ________________

4. Present Position ____________________________ Grade Level/Subject ____________________________

5. Present School or Office ____________________________ Local District ____________________________

6. Please list any special credentials or specialized and intensive training you have completed.

   ____________________________________________
   ____________________________________________

If selected for this assignment, I agree to complete the entire assignment and any required training.

______________________________  ____________________
Teacher’s Signature  Date
GUIDELINES FOR TEACHER SELECTION
Title I Intervention Program (TIIP)

The Title I Intervention Program is designed to provide targeted academic support to identified students and/or to provide a means for students who earned a D or F in a core subject, English language arts, math, science, or history/social science to recover academic credits. Scheduling of sessions will be locally determined. Teachers who volunteer for this additional assignment agree to teach the entire session and to attend training if required. School site teachers have priority.

SELECTION

Priority #1
Permanent teacher at the local site in the affected grades/subject fields with appropriate authorization and extensive training in the grade/subject field as evidenced by:
   i. Special credential and/or certificate or Board Permit or
   ii. Successful completion of specialized training and
   iii. Necessary qualifications to teach English Language Learners, Special Ed., etc.

Priority #2
Same as above with experience in any other grades/subject field.

Priority #3
Same as above with basic training in grades/subject field and in affected grades.

Priority #4
Same as above with basic training in other than the affected grades/subject field.

Priority #5
Permanent teacher in same priority order as above (#1-#4) but at other locations – A Local District-wide list of such employees who would be willing to work at another location will be established. All teachers with the appropriate qualifications within each of the above categories will be selected in seniority order.

Priority #6
Retiree with appropriate credentials, authorization and training.

Priority #7
Probationary teachers by seniority at the local site.

Priority #8
Emergency Permit teachers by contract date at the local site.

If there are more eligible applicants within each priority to teach a specific course at any one school than there are positions available, District seniority on a rotational basis, shall determine the selection. An applicant, who taught in the program during the previous session, shall not be eligible for service until all teachers in the priority grouping who did not teach the previous session are assigned. Ties in District seniority shall be broken under the provisions of Article XI, Section 6.2.
### School Name: __________________________ Location Code: __________

### Teacher: __________________________ Course Title and Number: __________________________ Program Fund Code: __________

### Dates: From: __________ To: __________

### Schedule: M T W Th F Sat

### Start Time: _______ End Time: _______

### LD: __________

#### Student Information

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Student ID #</th>
<th>Grade</th>
<th>DATE (In the columns below, please indicate the date when your class is meeting)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<tr>
<td>2</td>
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<tr>
<td>15</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Hours Absent | Hours Present | Marks

I certify to the best of my knowledge and belief, the hours reported are true and accurate, and reflect the actual students' attendance.

Teacher’s Signature __________________________ Date __________

Original: KEEP IN SCHOOL FILE

**Note:** "E" in students on the first day of attendance, "X" if the student is absent, and ".-" for minutes missed.
**FINAL GRADES ROSTER**  
2018-2019 Title I Intervention Program (TIIP)

<table>
<thead>
<tr>
<th>Course Name</th>
<th># of “A” Marks</th>
<th># of “B” Marks</th>
<th># of “C” Marks</th>
<th># of “D” Marks</th>
<th># Dropped Out</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>English 10B</td>
<td>10</td>
<td>8</td>
<td>17</td>
<td>4</td>
<td>1</td>
</tr>
</tbody>
</table>

*Please submit this form to BTB no later than 2 weeks after the conclusion of the TIIP credit recovery session via fax 213-241-7562 or email btb-intervention@lausd.net, ATTN: Betsy Castillo*
# Request to Begin or Change Meal Service

**Instructions**
1. Complete one form for each program or requested change.
2. Send completed form via email to: lisa.hess@lausd.net

## PARENT SITE INFORMATION (Must be completed for all requests):
- **Parent Site Location Code:**
- **Parent Site Location Name:**
- **LD:**
- **Date:**
- **Parent Site Location Address:**
- **AFSS:**

## MEAL PROGRAM INFORMATION (Must be completed for all requests):
- **Program Type (Select one):**
  - Self
  - Offsite
  - Snack
  - Supper
- **Change Type (Select one):**
  - New Program
  - Change/Extension
  - Close Program
- **Grade Level:**
- **Start Date:**
- **End Date:**

## Program Location Code:
- **Program Name:**
- **Program Address:**

## Program Contact Details:
- **Program Contact Name:**
- **Program Contact Phone:**
- **Program Contact Email:**

## Site Type (select one):
- Elementary
- Middle School
- High School
- Special Ed
- SPAN
- PC
- Other

## Type of Service Requested:
- Breakfast
- Lunch
- Snack
- Supper

## Service Days:
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

## Additional Remarks:
I am submitting this request a minimum of 6-8 weeks before program begins. I will submit signed “Meal Service Agreement” at least 2 weeks prior to start of the program. I understand meals will not be provided prior to Food Services for approval.

## FOOD SERVICES/OPERATIONS USE (If no changes, select N/A for each item. For multiple site changes, attach list.):
- **Site Information:**
  - State Site ID:
  - Check all meal services offered as applicable:
    - NSLP
    - SFSP
    - CCFP
    - If CCFP, select from the following:
      - EEC
      - IC
      - KCDCARE
  - Check if applicable to the site:
    - NA
    - Pre-K
    - High Priority

- **Site Type:**
  - Prep
  - NNC

- **Area Eligible:**
  - Yes
  - No
  - %
  - Funding Line

- **Especially Needy:**
  - Yes
  - No
  - %

- **Provision:**
  - Check the applicable year:
    - N/A
    - Base Year
    - Year 1
    - Year 2
    - Year 3
    - Year 4
    - Year 5
    - Year 6
    - Year 7

- **Adjusted Attendance Factor:**
  - N/A
  - %
**Los Angeles Unified School District Reference Guide**

**TODAY'S DATE**

**FUND**

**AREA**

**PROG CODE**

**SCHOOL**

**REQUESTING SCHOOL'S NAME**

**SCHOOL PHONE NUMBER & EXT.**

**LOCATION CODE**

**SCHOOL FAX NUMBER**

**LD**

**CALENDAR TRACK**

**SCHOOL TYPE**

**PK-K: 1 2 3 4 5 6 7 8 9 10 11 12**

**CHECK GRADES**

**RESPONSIBLE ADMINISTRATOR**

**CONTACT PERSON**

**CONTACT PERSON E-MAIL ADDRESS**

**DATE(S)**

**DATE OF TRIP (OR OF 1st TRIP) (mm/dd/yy)**

**DATE OF LAST TRIP (IF A MULTI-DATE TRIP) (mm/dd/yy)**

**CHECK DAY(S) OF TRIP(S)**

**TIMES**

**REQUESTED PICK UP TIME (hr:mm)**

**REQUESTED ARRIVAL TIME (hr:mm)**

**REQUESTED DEPARTURE TIME (hr:mm)**

**REQUESTED RETURN TIME (hr:mm)**

**# OF PUPILS**

**# OF ADULTS**

**# OF WHEELCHAIRS**

**# OF BUSES REQUIRED**

**IS THIS A ONE-WAY TRIP?**

**SEATBELT / LAP RESTRAINTS**

**STORAGE COMPARTMENTS**

**IMPORTANT:**

- **ALL TRIPS MUST BE BETWEEN THE HOURS OF 6:00 AM - 2:00 PM UNLESS APPROVED IN ADVANCE BY THE TRANSPORTATION SERVICES DIVISION SENIOR BUS DISPATCHER. ANY QUESTIONS, CONTACT 213-580-2000.**
- **CANNOT EXCEED 65 PASSENGERS PER BUS.**
- **ADDITIONAL PASSENGERS MAY REQUIRE THE SCHEDULING OF AN ADDITIONAL BUS.**

**FOR SCHOOL JOURNEY TRIPS ONLY**

1. **LIST 3 CHOICES IN COMMENT SECTION (FROM FIELD TRIP HANDBOOK, APPENDIX D, PART A).**

2. **HAS APPOINTMENT BEEN MADE BY SCHOOL WITH THE SITE?**

3. **DATES PREFERRED**

4. **DATES TO AVOID**

**TIME OF APPT.**

**COMMENTS/CHOICES**

**DEPART FROM/FIRST PICK UP**

**SCHOOL / LOCATION NAME**

**ADDRESS, CITY, ZIP**

**DESTINATION NAME**

**LOCATION CODE (IF APPLICABLE)**

**PLACE NAME**

**PHONE NO. & EXT.**

**ADDRESS, CITY, ZIP**

**SIGNATURE**

**PRINCIPAL/ADMINISTRATOR**

**E-MAIL ADDRESS**

**NOTE:**

Refer to Field Trip Handbook for detailed instructions on arranging trips. Submit this completed form **15 working days** before the requested trip date to enable buses to be allocated in a timely and cost-efficient manner and trip confirmations to be received by schools prior to the day of the trip.

**FOR TRANSPORTATION DISPATCH USE ONLY:**

**ENTRY DATE**

**ENTERED BY**

**REVIEWED BY**

School Journey Tracking #

**ROUTE #(S)**

D#

A#

Submit to Transportation Services Division. Retain a Signed Copy at School.

Form 78.200 REV. 05/09