

Los Angeles Unified School District
 Human Resources
TEACHER CONSENT TO TEACH TRUE ELECTIVES

Teacher Name: <small>(first name, last name)</small>		Employee No:	
Site Name:		Site Location No:	

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 V §80005(b) is an option as long as all of the following Commission on Teacher Credentialing (CTC) requirements are met:

The Teacher

- Holds a valid California issued teaching credential based on **ALL** of the following:
 - A Bachelor's degree
 - Teaching Preparation Program
 - Student Teaching
 - Special fitness to perform

AND

- 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.
- AND**
- Consents to the assignment

Course Number	Course Title	Grade level(s)

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

I, _____, agree to teach the above listed course during the 2021 - 2022 fiscal year
(print name – first name, last name)

Teacher's Signature: _____
Signature is required. A typed in name will result in authorization being declined.

Date: _____

PRINCIPAL VERIFICATION AND CONSENT

Please describe subject specific knowledge, experience, and/or training that makes this certificated employee the best suited to teach each specific true elective 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: _____
Signature is required. A typed in name will result in authorization being declined.

Date: _____

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

