

Los Angeles Unified School District
 Human Resources
REQUEST FOR TEACHER LIBRARIAN LOCAL ASSIGNMENT OPTION

T5 §80053(b)(1) provides a method for holders of teaching credentials who are pursuing Teacher Librarian Services Credentials to serve in the role of a Teacher Librarian if the teacher is being trained by a credentialed Teacher Librarian. This local assignment option provides a bridge by which a credentialed teacher may provide teacher librarian services while enrolling in a Teacher Librarian Services Credential program and beginning the required course work for that credential.

THIS AUTHORIZATION IS VALID FOR THE SCHOOL YEAR IN WHICH IT IS ISSUED AND MAY NOT BE RENEWED.

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

Requested School Year: **2022 to 2023**

Employment Status: Permanent Probationary

Principal's Signature: _____

Date: _____

Requirements to Qualify (ALL areas must be satisfied):

- Hold of valid California teaching credentials obtained via completion of a BA degree and teacher preparation program that included student teaching
- Receive training by a credentialed school teacher librarian on duties
- Be supervised by an individual holding certification authorizing such supervision.

Assigned credentialed School Teacher Librarian Trainer:

Name: _____

EN: _____

Assigned authorized Supervisor:

Name: _____

EN: _____

Signature: _____

Date: _____

TEACHER CONSENT TO THE ASSIGNMENT & VERIFICATION OF UNDERSTANDING REQUIREMENTS TO CONTINUE IN ASSIGNMENT AFTER THE LOCAL ASSIGNMENT OPTION EXPIRES. (Must be completed by teacher)

I, _____, consent to the teacher librarian assignment and fully understand that
(print name – first name, last name)
 before the expiration date of this authorization, I must apply for the Emergency Teacher Librarian Services Permit. In addition, I understand that I will need to pursue enrollment in a CTC (Commission on Teacher Credentialing) approved teacher librarian services credentialing program. I also understand that this authorization may not be renewed.

Teacher's Signature: _____

Date: _____

Signature is required. A typed in name will result in authorization being declined.

Scan/Email forms to: teacherconsentform@lausd.net

DATE REC BY CCCS: _____ CCS INITIALS: _____