

Los Angeles Unified School District
Human Resources
REQUEST FOR ONE PERIOD COACH AUTHORIZATION

EC § 44258.7 (B) allows full-time, permanent or probationary, teacher who holds a credential in a subject other than physical education to coach a competitive sport for which the students receive physical education credit for ONE period a day if the teacher has completed a minimum of 20 clock hours of first aid instruction appropriate to the specific sport.

Form with fields: Teacher Name (first name, last name), Employee No., Site Name, Site Location No.

Competitive Team Sport Requested: \_\_\_\_\_

Table with 4 columns: Period No. (Only one allowed), Course Number, Grade Level, Course Title. Includes three rows with some cells shaded black.

Administrator Certification of Requirements to qualify have been met. (ALL areas must be satisfied):

This section must be completed and signed by a certificated administrator.

- Hold a valid California teaching credentials obtained via completion of a BA degree and teacher preparation program that included student teaching
• Completed 20 clock hours of first aid instruction appropriate to the sport

Administrator's Name (print): \_\_\_\_\_ Position Title: \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Signature is required. A typed in name will result in authorization being declined.

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

I, \_\_\_\_\_, agree to teach the above listed courses during the 2022-2023 fiscal year.
(print name - first name, last name)

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

PRINCIPAL VERIFICATION OF REQUEST AND CONSENT

Principal's Name (print): \_\_\_\_\_

Principal'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: \_\_\_\_\_