

**Los Angeles Unified School District**  
Human Resources

**TEACHER CONSENT TO TEACH TRUE ELECTIVES**

Teacher Name: (first name, last name)		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 courses during the 20\_\_\_\_ - 20\_\_\_\_ fiscal year  
(print name – first name, last name)

Teacher Signature: \_\_\_\_\_

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 subject 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(s) 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: \_\_\_\_\_

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](mailto:teacherconsentform@lausd.net)**