

Los Angeles Unified School District
 Human Resources
TEACHER CONSENT TO TEACH OUTSIDE OF CREDENTIALLED AREA

Teacher Name (first_last):		Employee No:	
Site Name:		Site Location No:	

Education Code §44865 provides staffing options for specific alternative setting sites that allows teaching outside of a teacher's credentialed area. These include:

- Continuation Schools
- Magnet Schools
- Opportunity Schools
- Community Day School

In such instances, assigning a teacher via EC §44865, the Commission on Teacher Credentialing (CTC) requires that all of the following criteria be 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

Subject Area Requested: _____

Course Number	Course Title	Course Number	Course Title

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

I, _____, agree to teach the above listed courses during the 2020-2021 year.
(print name – first name, last name)

Teacher's 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 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: _____

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