MEM-2642.2 ATTACHMENT D
December 18, 2006

TEACHER APPLICATION
Extended Learning Program (ELP)
English Language Acquisition Program (ELAP)
Tutorial Services Program (TSP)

FOR PRINCIPAL USE:	FOR MULTITRACK SCHOOLS ONLY	APPLICATION
Selection Priority Assigned: _____ Seniority Date: _____ ☐ Date Assigned _____ ☐ Position Filled/App. Forwarded Date _____	Check: ☐ **currently on track** ☐ **currently off-track**	Filing Deadline: _____ 15 Working Days Before Class begins **SCHOOL CALENDAR** **Check:** ☐ **Single Track** ☐ **Multitrack**

Please fill in this application completely. Indicate "N/A" if not applicable. Print in ink or type all information.

1. _____ _____ _____ _____
   Payroll Name (Last) (First) (Middle) LAUSD Employee No.

2. _____ _____ _____ _____
   Address (Street) (City) (State) (Zip Code)

3. Home Telephone ( ) _____ School Telephone (_____) _____

4. _____ _____
   Present Position Grade Level/Subject

5. _____ _____
   Present School or Office District

6. Please list any special credentials, or specialized and intensive training you have in the area of literacy and/or Math intervention.

   _____

   _____

7. Authorization: (Check all that apply)

   ☐ **BCLAD/BCC** ☐ **CLAD/LDS** ☐ **SB 1969**

   Language _____

8. I have completed the required on-track intervention training in the following subject areas: (Check all that apply)

   Elementary: ☐OCR Intervention Guide ☐ Write Time for LAUSD Kids ☐ MATH 4/5 ☐ EL Support Guide

   Middle School: ☐Voyager ☐ Princeton Review ☐ Compass Learning ☐ Action Learning

   High School: ☐ Kaplan – English ☐ Kaplan – Math ☐ Kaplan Foundations

If selected for this assignment, I agree to complete the assignment and any required training.

_____ _____ _____ _____
Teacher's Signature **Date** **Principal's Signature** **Date**