



LOS ANGELES UNIFIED SCHOOL DISTRICT
MEMORANDUM

LOS ANGELES UNIFIED SCHOOL DISTRICT
Beyond the Bell Branch
INTERSESSION TEACHING APPLICATION

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 () _____ Work Telephone () _____

4. _____
E-mail Address Cell Phone

5. _____
Present Position Grade Level/Subject

6. _____
Present School or Office District

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

8. I received an overall evaluation marked "below" for the 2005-2006 & 2006-2007 school years Yes No
I have received a Notice of Unsatisfactory Service or Act(s) Yes No If yes indicate year issued ____ Yes No

9. Authorization: (Circle all that apply)
 BCLAD/BCC CLAD/LDS SB 1969
Language _____

10. I have completed the required Summer School/Intersession training in the following subject areas: (Circle all that apply)
 ELA 2/3 ELD 4/5 MATH 4/5 ELD 2/3 ELD 4/5

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

Teacher's Signature Date Principal's Signature Date