



**LOS ANGELES UNIFIED SCHOOL DISTRICT
MEMORANDUM**

**INTENT TO OFFER – SECONDARY
Intersession
Extended Learning Program (ELP)
English Language Acquisition Program (ELAP)
Tutorial Services Program (TSP)**

School _____ Location Code _____ Local District _____

Contact Person _____ Telephone Number _____

Calendar: (Check one) Single Track 3-Track 4-Track Indicate Track: _____

Program: (Please complete an Intent To Offer Intervention for **each** program)

- Intersession EIEP ESY Migrant RLA ELA
 ELP ELAP TSP (PI-Yr 1)
 Local Design: Grant supported (indicate Program Code) Reduce class size _____ Other _____

This form is due 3 weeks prior to the start of each intervention offered.

Grade	Subject	Start Date	End Date	# of Classes	Days Offered Start & End Time	Total Hours	Total # of Days
6 th							
(Session 2)*							
7 th							
(Session 2)*							
8 th							
(Session 2)*							
9 th							
(Session 2)*							
10 th							
(Session 2)*							
11 th							
(Session 2)*							
12 th							
(Session 2)*							

***Session 2:** is for schools that offer more than one intervention session during the same period in order to accommodate more students.

Principal Signature

Date

MAIL OR FAX THIS FORM TO YOUR LOCAL DISTRICT INTERVENTION/TESTING COORDINATOR.