

**LOS ANGELES UNIFIED SCHOOL DISTRICT
HUMAN RESOURCES DIVISION
Certificated Credentials and Contract Services**

REQUEST FOR AUTISM OPTION AUTHORIZATION

This authorization allows a Mild/Moderate Special Education **Permanent (CN), Probationary (B1,B2,B3)** teacher, who meets the requirements, as outlined in Education Code § 44265.1, to be assigned to provide instruction to students with autism with his/her consent. **This authorization is valid for the school year in which it is issued. If needed, it must be renewed at the beginning of the following school year.**

(Print) Last name First Middle Employee No.

School: _____ Loc Code: _____ Loc Dist: _____

Status: Permanent Probationary

Requirements (Verified on LAUSD Form 1231)

☞ **One year of full-time, or equivalent part-time (prior to 9/1/2007) experience in a special education program that serves pupils with autism**
Or

☞ **Completion of a minimum of three semester (4.5 quarter) units of course work in the subject of autism offered by a regionally accredited institution of higher education.**

Requested School Year: 20____ to 20____ NEW RENEWAL

Teacher's Signature Date Principal's Signature Date

PLEASE FAX THIS REQUEST TO SALLY BUCHANAN AT (213) 241-8413

PLEASE DO NOT WRITE IN BOX BELOW

FOR CREDENTIALS & CONTRACTS OFFICE USE ONLY

EVALUATION

CREDENTIALS & CONTRACTS ASSISTANT: _____ DATE: _____

Denied (Reason listed below)

Ineligible Status Unable to locate transcripts Insufficient Units – still needs _____ units

Other: _____

Approved Subject: _____

EDUCATION CODE CLEARANCE

Subject of Authorization _____

District Code Issuance Date Clearance Date Expiration Date

Cleared by: _____ Date Entered: _____

LOS ANGELES UNIFIED SCHOOL DISTRICT
HUMAN RESOURCES
CERTIFICATED WORKFORCE MANAGEMENT AND QUALIFICATIONS
VERIFICATION OF EXPERIENCE / COURSE WORK FOR
ALTERNATIVE ROUTE TO PROVIDE SPECIAL EDUCATION SERVICES

Name _____ Employee No. _____ Soc Sec No. XXX - XX- _____

Option 1: Experience Information

List one year of full-time classroom experience, or equivalent in part-time experience, serving in an instructional capacity with special educations in the special education specialty area requested, receiving a favorable evaluation or recommendation.

Please check one:

Limited Assignment Permit Subjects	Variable Term Waiver Subjects
<input type="checkbox"/> Mild/Moderate Disabilities	<input type="checkbox"/> Autism Spectrum Disorders
<input type="checkbox"/> Moderate/Severe Disabilities	<input type="checkbox"/> Deaf & Blind
<input type="checkbox"/> Deaf & Hard of Hearing	<input type="checkbox"/> Emotional Disturbance
<input type="checkbox"/> Visual Impairments	<input type="checkbox"/> Orthopedic Impairment
<input type="checkbox"/> Physical & Health Impairments	<input type="checkbox"/> Other Health Impairments
<input type="checkbox"/> Early Childhood Special Education	<input type="checkbox"/> Traumatic Brain Injury

School Year	Type of Services Performed	Location School or Office
_____ to _____		
_____ to _____		

Experience Verification (school site principal to complete):

Verified by: _____
Print Name Signature

Title: _____ Location: _____

Option 2: Coursework Information

Courses indicating the completion of a minimum of three semester (4.5 quarter) units of course work in the requested subject offered by a regionally accredited institution of higher education.

OFFICIAL TRANSCRIPTS MUST BE SUBMITTED

College/University	<input checked="" type="checkbox"/> FN	Dept.	Course No.	Course Title	Sem. Units	Qtr. Units	Grade
	<input type="checkbox"/>						
	<input type="checkbox"/>						

OFFICE USE ONLY

EVALUATOR:

Credentials & Contracts Assistant: _____

Denied (Reason listed below)

Ineligible Status Insufficient Experience Insufficient Units – needs _____

Other: _____

Approved Subject: _____

CCA Signature: _____ Date: _____