



**LOS ANGELES UNIFIED SCHOOL DISTRICT
MEMORANDUM**

ATTACHMENT A

**EARLY CHILDHOOD AFTER SCHOOL PROGRAMS APPLICATION FOR
CERTIFICATED PERSONNEL FOR ADDITIONAL HOURS, 2019-2020**

INSTRUCTIONS: Interested, qualified personnel should complete all sections of this application ELECTRONICALLY, print, sign, date, and submit via school mail to the Early Childhood Special Education office, Beaudry Building, Floor 17. For additional information, please contact Cesar Rodriguez at car5715@lausd.net or (213) 241-4713. Completed applications must be received in the office no later than Friday, May 24, 2019. **FAXED, EMAILED, AND HAND WRITTEN DOCUMENTS WILL NOT BE ACCEPTED.**

SECTION I. EMPLOYEE INFORMATION:

Name:		Employee Number:	
Home Address:		Home / Cellular Phone Number:	
		Home:	
		Cell:	
City:	Zip:	LAUSD Email Address:	
Current Assignment:	<input type="checkbox"/> Teacher <input type="checkbox"/> Speech/Language Pathologist.	Local District:	<input type="checkbox"/> Central <input type="checkbox"/> East <input type="checkbox"/> Northeast <input type="checkbox"/> Northwest <input type="checkbox"/> South <input type="checkbox"/> West
Mailing School:			
Grades/Ages/Other:	School Telephone Number:		
Number of Years with District:			
Status:	<input type="checkbox"/> Perm. <input type="checkbox"/> Prob.	Credentials Held:	
Languages Spoken (other than English):	Level of Fluency:		
Have you participated in the Early Childhood Afterschool Program during any previous program year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Which year(s)?	Which site(s)?
Name of the Early Childhood Afterschool Program Teacher(s) with whom you worked?			

SECTION II. EXPERIENCE:

Experience Working with Children 3-7 Years of Age			
Year	Location	Pupil Ages	Program Type



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Employee Name:		Employee Number:	
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Experience Working with Parents (counseling, parent workshops, etc.)			
Year	Location	Pupil Ages	Program Type

SECTION III. AVAILABILITY:

Days Available for Program Service:	<input type="checkbox"/> Wed. <input type="checkbox"/> Thurs.	Are You Available to Work Both Wed. and Thurs. Each Week?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In Which Local District Are You Available to Work?	<input type="checkbox"/> Central <input type="checkbox"/> East <input type="checkbox"/> Northeast <input type="checkbox"/> Northwest <input type="checkbox"/> South <input type="checkbox"/> West		

SECTION IV. SIGNATURES:

Applicant Signature: _____	Date _____
Principal Signature at regular site assignment (acknowledgement only): _____	Date _____
Principal Name Printed: _____	
Signature of Specialist (required for Speech Pathologists – acknowledgement only): _____	Date _____
Specialist Name Printed: _____	

NOTE: Afterschool Early Childhood Program (AECP) meets two day per week (Wednesday/Thursday).
All staff must attend mandatory Monday meetings.