

Information

Education Code §44865 provides staffing options for specific alternative setting sites that allow teaching outside of their credential area. These include:

- Continuation Schools
- Magnet Schools (*Only if identified as Alt School of Choice*)
- Opportunity Schools
- Community Day Schools
- Home Hospital

In such instances, assigning a teacher via EC §44865, the Commission on Teacher Credentialing (CTC) requires that **ALL** of the following criteria be met:

The Teacher

- Holds a valid California general education teaching credential issued based on completion of ALL of the following:
 - A bachelor's degree
 - Teacher Preparation Program
 - Student Teaching

Typically, these are holders of Preliminary, Clear or Life Multiple or Single Subject credentials.

- Has Special fitness to perform.
- Consents to the assignment
- Assignment location is at the requesting school site

The Principal

- Can verify that the credentialed teacher has the knowledge and training that best fulfills the needs of the students.

This may be verified by any of the following options:

- The teacher has one or more years of experience successfully teaching the subject.
 - The teacher has completed professional development and/or training in the subject/course. Generic workshops and or weekly school professional development do not meet these criteria. Please note that if selected for an audit, a copy of the flyer/syllabus related to the professional development listed may be requested.
 - The teacher has completed college/university coursework in the specific subject. For these instances, HR may request copies of official transcripts if we do not already have them on file.
- Consents to assigning this teacher to this assignment.

Application

Teacher Name (first name, last name):		Employee No:	
Site Name:		Site Location No:	

Subject Area (ONE ONLY)	Course No.	Course Title

For additional subject areas, please use page 3

PRINCIPAL VERIFICATION

Please describe subject-specific knowledge, experience, and/or training that makes this certificated employee the best suited to teach the content for each course referenced above.

In case of an audit, please be prepared to provide auditors with supporting documentation to verify your rationale.

Select and complete fields for all that apply:

- ☐ Teacher has ____ years of experience teaching the course listed above. (one year minimum requirement)
- ☐ Teacher has received professional development specific to the content of the course(s) listed.

List training title(s) and date(s) completed.

Training Name	Date Completed	Training Name	Date Completed

- ☐ Teacher has completed coursework specific to the content of the course.

College/University Name	Course No.	Course Title

Principal's Name (print): _____

Principal's Signature: _____ Date: _____

Signature is required. A typed in name will result in authorization being declined.

TEACHER CONSENT TO THE ASSIGNMENT (Must be completed by teacher)

I, _____, agree to teach the above listed courses during the 2025-2026
(print name – first name _last name)
academic year.

Teacher's Signature: _____ Date: _____

Signature is required. A typed in name will result in authorization being declined.

If including any attachments, please be sure to have each page include the teacher's signature and date.

Scan & Email forms to: teacherconsentform@lausd.net

HR OFFICE USE ONLY

☐ NEW ☐ RENEWAL

DATE REC & APPROVED BY CCS: _____

CCS INITIALS: _____

Subject Area (ONE ONLY)	Course No.	Course Title

Select and complete fields for all that apply:

- ☐ Teacher has ____ years of experience teaching the course listed above.
- ☐ Teacher has received professional development specific to the content of the course(s) listed.

List training title(s) and date(s) completed.

Training Name	Date Completed	Training Name	Date Completed

- ☐ Teacher has completed coursework specific to the content of the course.

College/University Name	Course No.	Course Title

Subject Area (ONE ONLY)	Course No.	Course Title

Select and complete fields for all that apply:

- ☐ Teacher has ____ years of experience teaching the course listed above.
- ☐ Teacher has received professional development specific to the content of the course(s) listed.

List training title(s) and date(s) completed.

Training Name	Date Completed	Training Name	Date Completed

- ☐ Teacher has completed coursework specific to the content of the course.

College/University Name	Course No.	Course Title

Principal's Signature: _____ Date: _____

Signature is required. A typed in name will result in authorization being declined.

TEACHER CONSENT TO THE ASSIGNMENT *(Must be completed by teacher)*

I, _____, agree to teach the above listed courses during the 2025-2026
(print name – first name _last name)
academic year.

Teacher's Signature: _____ Date: _____

Signature is required. A typed in name will result in authorization being declined.

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