Los Angeles Unified School District Human Resources

No Child Left Behind (NCLB) Act Teacher Leadership and Service Activity Verification Form

The listing below encompasses Leadership and Service activities that qualify under the California High Objective Uniform State Standard of Evaluation (HOUSSE) process criteria to help designate a teacher as compliant with NCLB requirements. This list must be made available to the public upon request (Section 3.2.3.1).

| Teacher's Name: | Employee Number: | | | |
|---|------------------|------------------------------|------------------------|------------------------|
| School Name: | Location Code: _ | cation Code: Local District: | | |
| The employee has successfully completed the activities year). Check (\checkmark) the box (es) that apply: | below (do not ch | eck if the exp | perience was | less than 1 |
| Leadership and Service Activit | ies | 1 year (30 points) | 2 years (60 points) | 3 years (90 points) |
| Grade Level Chairperson | | | | |
| Department Chair (core subject only) | | | | |
| Local School Leadership Council | | | | |
| Mentor Teacher/Support Provider (BTSA, Delta, etc.) | | | | |
| Literacy Coach | | | | |
| Math Coach | | | | |
| School-wide Plan Committee Member | | | | |
| PQR Committee Member | | | | |
| WASC Committee Member | | | | |
| Curriculum Committee Member | | | | |
| Secondary Club Sponsor (core subjects only; i.e., Span | ish Club) | | | |
| BCLAD, CLAD CTEL, SB 1969, SB 395 or AB 2913 | Trainer | | | |
| Test Preparation Trainer (i.e., CSET, MSAT, PRAXIS | , SSAT) | | | |
| National Board Certification (NBC) Trainer | | | | |
| BTSA Course Instructor | | | | |
| Open Court Trainer | | | | |
| District Intern Instructor | | | | |
| Master Teacher | | | | |
| Professional Growth Advisor | | | | |
| Categorical Program Advisor | | | | |
| College/University Instructor in Content Area/Content | | | | |
| National/State Recognition as Outstanding Educator in | Content Area | | | |
| | | TOTAL POINTS: | | |
| I verify that the employee above provided service in Leanindicated. | ndership/Service | Activities for | the number | of years |
| Principal Name: | | | | |
| (Print) | | (Signature) | | |
| Principal Contact Number: | Date: | | | |

Fax this completed form to the NCLB Unit at (213) 241-8413