

LOS ANGELES UNIFIED SCHOOL DISTRICT
Division of Special Education

Reference Guide No. REF-1786.0
June 2, 2005

Due: June 30, 2005

Attachment D

SPECIAL EDUCATION PARAPROFESSIONAL INSTITUTE REGISTRATION LOG

School: _____ Location Code: _____ Local District: _____

Principal: _____ Tel #: _____

Principal's E-mail Address: _____

Contact Person: _____ E-mail Address: _____

Choice of Location (Circle one.)	Employee Name and Employee Number	Employee Home/Cell Phone or E-mail	Participation Dates	AM or PM	TIER I	TIER II
North, East, Central/West, or South						
North, East, Central/West, or South						
North, East, Central/West, or South						
North, East, Central/West, or South						
North, East, Central/West, or South						
North, East, Central/West, or South						
North, East, Central/West, or South						
North, East, Central/West, or South						
North, East, Central/West, or South						
North, East, Central/West, or South						
North, East, Central/West, or South						
North, East, Central/West, or South						

(Duplicate Attachment D as needed.)

Above is a list of special education trainees and assistants who will participate in the Tier I and/or Tier II Institutes from my school. Verified and approved by:

Principal's Signature

Date

Fax or e-mail completed form to:
Felicia Watts at 213.241.8915 or felicia.watts@lausd.net