

FORM SE-60: REQUEST FOR APPROVAL TO RELOCATE SPECIAL EDUCATION CLASSROOM SPACE

DIRECTIONS: Principals must complete this form and send it to the Special Education Support Unit Administrator assigned to their Local District. After considering any consequences of the requested relocation, the Support Unit Administrator will determine if the request should be forwarded to the Associate Superintendent, Division of Special Education for review. Upon receipt of the request, the Associate Superintendent or her designee will coordinate with the Facilities Services Division and Local District administration, to determine if the relocation can be approved. Please direct questions to: Your Special Education Support Unit Administrator or patricia.trenhaile@lausd.net.

_____ Date _____ School and Location Code _____ Principal

_____ Local District _____ Local District Director _____ Signature of Principal

_____ Special Education Program Affected _____ Age Span _____ Current Rm. # _____ ft. x _____ ft. No Yes No Yes
Is there a telephone? Is a telephone needed?

No Yes _____
Has current room been modified? If modified for use by students with disabilities, describe how?

_____ Proposed Rm. # _____ ft. x _____ ft _____
Room Size What fixtures, if any, are in the current room that are not in the proposed room? (i.e., sink, closets, AC.)

Reason for relocation request: _____

Describe below any advantages or disadvantages related to the relocation of this classroom. Consider changes in proximity of the classroom to general education programs, bathrooms, main office, appropriate equipment, transportation or other relevant issues.

Recommended Not Recommended _____
Printed Name / Signature of Support Unit Administrator

Rationale for Decision:

Recommended Not Recommended _____
Signature of Associate Superintendent, Division of Special Education

Rationale for Decision: