

REQUEST TO ADD A NON-LAUSD STUDENT RECORD TO WELLIGENT

LOS ANGELES UNIFIED SCHOOL DISTRICT

To prevent duplicate/multiple student IDs, please use due diligence when verifying the student does not have an existing District ID number.

All required fields (*) must be completed in order to process.

****Required field for PPSO Students**

*From: _____	*Title: _____	*Emp #: _____
*LAUSD School/Office of Enrollment: _____		*Location Code: _____
*Name of Special Education Administrator at the School of Residence: _____ <small>(assign as Case Manager)</small>		
*Phone: _____	*Fax: _____	*Email: _____
Comments/Reason for request: _____		

❖ NOTE: All information entered on form should be validated by legal documents. ❖

SCHOOL OF ENROLLMENT									
* TYPE OF SCHOOL	<input type="radio"/> Non-Resident <input type="radio"/> 504 Plan <input type="radio"/> Private School/Home School <input type="radio"/> Charter School <input type="radio"/> Non-enrolled								
NAME OF THE SCHOOL ENROLLED						LOC CODE <small>(if applicable)</small>			
STUDENT INFORMATION									
* FIRST NAME <small>(Legal Name)</small>				M		* LAST NAME <small>(Legal Name)</small>			
* DATE OF BIRTH			STUDENT ID#						
** ADDRESS								APT #	
CITY				ZIP			HOME PHONE		
* GENDER		* RACE			* ADDITIONAL RACE	Select One		HISPANIC?	<input type="checkbox"/>
* LANGUAGE				* GRADE					
PARENT/CONTACT INFORMATION									
Parent/Guardian's First Name						Last Name			
Relationship to student						Address same as Student?			
Address (if not same as student)							Apt #		
City							Zip		
Contact Number				Email Address					
Parent/Guardian's First Name						Last Name			
Relationship to student						Address same as Student?			
Address (if not same as student)							Apt #		
City							Zip		
Contact Number				Email Address					
If student has an outside IEP, provide the Initial IEP date (or best guess of when it occurred): _____									
COMPLETE THIS SECTION FOR PRIVATE SCHOOL/HOME SCHOOL, NOT ENROLLED STUDENTS									
What type of IEP are you requesting?		<input type="radio"/> Initial <input type="radio"/> Amendment <input type="radio"/> Three Year Review <input type="radio"/> Re-evaluation <input type="radio"/> 30 Day <input type="radio"/> Non-Resident IEP							
For Initial IEPs complete the required referral information fields (*) below:									
*Date of Request			*Date Request Rec'd			*Request Rec'd By			
*Name of Requestor				*Title of Requestor					
*Reason for Referral					*Prior Interventions				
REFERRAL DECISION									
Decision			Decision Date			If Denied, Reason			

Questions? Call the Welligent Helpdesk at (213) 241-5200, option 8

Attach this form to an online ticket for Welligent Support at: <https://lausd.service-now.com/esc> then select "Request Software Application Technical Support".