

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 PPSSO Students**

*From: _____	*Title: _____	*Emp #: _____
*LAUSD School/Office of Enrollment: _____		*Location Code: _____
*Name of Special Education Administrator at the School of Residence: _____ (assign as Case Manager)		
*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	☐ Non-Resident ☐ 504 Plan ☐ Private School/Home School ☐ Charter School ☐ Non-enrolled								
NAME OF THE SCHOOL ENROLLED						LOC CODE (if applicable)			
STUDENT INFORMATION									
* FIRST NAME (Legal Name)					M		* LAST NAME (Legal Name)		
* DATE OF BIRTH			STUDENT ID#						
** ADDRESS								APT #	
CITY					ZIP			HOME PHONE	
* GENDER		* RACE			* ADDITIONAL RACE	Select One		HISPANIC?	☐
* 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/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					
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?		☐ Initial ☐ Amendment ☐ Three Year Review ☐ Re-evaluation ☐ 30 Day ☐ 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>