



LOS ANGELES UNIFIED SCHOOL DISTRICT  
**Welligent**  
 IEP Management & Service Tracking System (STS)  
**Request For User ID - CHARTERS**

OFFICE USE ONLY		11/24/09 V9
User ID _____		
Password _____	Contractor No _____	
Issued by _____	Date _____	

Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_ (Middle Initial): \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Last 4 of SS or Contractor#: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Position: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 Charter School Name: \_\_\_\_\_ Location Code(s): \_\_\_\_\_

**Complete this section for type of access (Check One) AND provide License/Credential / Degree information, as appropriate.  
 \*Include an updated Charter School Staff Listing / Welligent Access Form.**

<input type="checkbox"/> Charter Special Ed Administrator	<i>Director, Principal, Assistant Principal, etc.</i>
<input type="checkbox"/> Charter Administrator Designee	<i>Dean, Counselor, etc.</i>
<input type="checkbox"/> Charter Caseload Manager	<i>Caseload Manager to assign cases to other Providers that are supervised by the Caseload Manager Related Service: Credential / License Type &amp; No.: _____ Expiration Date: _____</i>
<input type="checkbox"/> Charter Other IEP Access	<i>Welligent IEP access to schedule, set-up, send notifications, etc.</i>
<input type="checkbox"/> Charter Special Ed Teacher	<i>Special Education Teacher to access Welligent IEP and Classroom Management Credential Type &amp; No: _____ Expiration Date: _____</i>
<input type="checkbox"/> Charter Psychologist	<i>School Psychologist to access Welligent IEP Credential Type &amp; No: _____ Expiration Date: _____</i>
<input type="checkbox"/> Charter RST	<i>Special Education Teacher to access Welligent IEP and Classroom Management Credential Type &amp; No: _____ Expiration Date: _____</i>
<input type="checkbox"/> Charter DIS/Related Service Provider (Including Nurse, Counselor, LAS, OT, BII, BID etc.)	<i>Related Service: Credential / License Type &amp; No: _____ Expiration Date: _____</i>

I UNDERSTAND THAT I HAVE ACCESS TO CONFIDENTIAL STUDENT RECORDS AND I CANNOT DISCUSS OR SHARE THESE RECORDS WITH UNAUTHORIZED PERSONNEL. (ALL FIELDS AND SIGNATURES LISTED BELOW MUST BE COMPLETED)

I understand that by accepting this District Welligent/Email Account, I agree to completely follow the LAUSDnet Acceptable Use Policy (AUP) at that violation of the AUP will result in the termination of this account or other disciplinary actions by the District.

Agreed: \_\_\_\_\_  
 (Print) User's Name Signature Title Date

\*Name of Immediate Supervisor Required for Welligent Hierarchy: \_\_\_\_\_  
 (Print) Immediate Supervisor's Name Title

Approved: \_\_\_\_\_  
 (Print) Charter School Administrator's Name Signature Title Date

**Complete this section to CHANGE / DELETE the user listed above**

- \*Remove Location(s): \_\_\_\_\_ Previous Sp Ed Admin: \_\_\_\_\_
- Add to Location(s): \_\_\_\_\_
- Change Title/Access From: \_\_\_\_\_ To: \_\_\_\_\_
- No longer an Employee (*Inactivate User*)

Approved: \_\_\_\_\_  
 (Print) Charter School Administrator's Name Signature Title Date

**Training & Support**

- For Charter School Welligent training or if you have questions, call Welligent Support at (213) 241-5200.

**FAX TO (213) 241-8455**