

WELLIGENT

IEP Management / Service Tracking System (STS)

REQUEST FOR USER ID – NPS / NPA

OFFICE USE ONLY		8-8-11
User ID _____	Contractor No _____	
Issued by _____	Date _____	

ALL FIELDS BELOW ARE REQUIRED AND MUST BE COMPLETED IN ORDER TO PROCESS. INCOMPLETE FORMS WILL BE RETURNED.

Name (Last): _____ (First): _____ (Middle Initial): _____

Last 4-digit of SS#: _____ DOB: _____ DOJ Fingerprint Date: _____ Hire Date: _____ TB Clearance Exp Date: _____

Email Address: _____ Telephone: () _____ Ext. _____ Fax: () _____

Title: _____ NPS/NPA Name: _____ Location Code: _____

Previous LAUSD Employ: Yes No If yes, Location: _____ Employee: _____

<input type="checkbox"/> NPS Administrator	<i>Director, Principal, Assistant Principal, Dean, etc.</i>
<input type="checkbox"/> NPS Caseload Manager	<i>NPS Provider, as well as a Caseload Manager to assign cases to other Providers that are supervised Related Service: Credential / License Type & No.: _____ Expiration Date: _____</i>
<input type="checkbox"/> NPS Other Access	<i>Welligent IEP access to schedule, set-up, send notifications or billing purposes.</i>
<input type="checkbox"/> NPS Special Education Teacher	<i>Special Day Program Teacher to access Welligent IEP and Classroom Management Credential Type & No.: _____ Expiration Date: _____</i>
<input type="checkbox"/> NPS DIS/Related Service Provider (Including Nurse, Counselor, LAS, OT, APE, Sp Ed Assistant, etc)	<i>Related Service: Credential / License Type & No. or Degree _____ Expiration Date: _____</i>
<input type="checkbox"/> NPS Sp Ed Assistant	<i>NPS Sp. Ed. Assistant, as classroom assistant or someone providing additional adult assistance</i>
<input type="checkbox"/> NPA Administrator	<i>Director, Administrator, Administrative Designee, etc.</i>
<input type="checkbox"/> NPA Other Access	<i>Access to Welligent for Clerical or Billing purposes</i>
<input type="checkbox"/> NPA Caseload Manager	<i>NPA Provider, as well as a Caseload Manager to assign cases to other Providers that are supervised Related Service: Credential / License Type & No. or Degree. _____ Expiration Date: _____</i>
<input type="checkbox"/> NPA DIS/Related Service Provider (Including Nurse, Counselor, LAS, OT, BII, BID, Intensive Instruction)	<i>Related Service: Credential / License Type & No. or Degree: _____ 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) and 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) NPS/NPA Administrator's Name Signature Title Date

NONPUBLIC SERVICES DEPARTMENT VERIFICATION - STAFF LISTING, LICENSE/CREDENTIAL/DEGREE, AS APPROPRIATE

Staff appears on current Staff Listing License/Credential/Degree on file Verification by NPS Accounting _____

Verified by NPS Department: _____
(Print Name) Signature Date

TRAINING & SUPPORT -Web-based Learning CD available for staff training for Welligent Service Tracking and Caseload Management

❖ Fax form to (213) 241-8431 or email to: NPSDEPT.TEAM@lausd.net Questions? Call your NPS Specialist.