



LOS ANGELES UNIFIED SCHOOL DISTRICT
MEMORANDUM

**Periodic Assessment Program
DESIGNATION OF COMPREHENSIVE ASSESSMENT PROGRAM SCHOOL CONTACT
FOR THE 2010-2011 SCHOOL YEAR**

PLEASE COMPLETE ALL INFORMATION

PERIODIC ASSESSMENT PROGRAM SCHOOL CONTACT

Name _____ Employee No. _____

Position/
Title _____

Phone _____ Ext. _____ email address _____ @lausd.net

Track (for multi-track schools) A B C D _____

SCHOOL AND ADMINSTRATOR INFORMATION

School _____ Location Code _____ Local District _____

Check one Single-Track Traditional Balanced Traditional Early Start
 Three-Track
 Four-Track

Principal _____ email address _____ @lausd.net

Principal's Signature _____ Date _____

Fax the completed form to the Periodic Assessment Program at (213) 241-8969.

FAX BY OCTOBER 1, 2010 (late faxes accepted)