



**LOS ANGELES UNIFIED SCHOOL DISTRICT
MEMORANDUM**

MEM-4448.0
September 15, 2008

ATTACHMENT B

**INTENT TO OFFER INTERVENTION – ELEMENTARY
English Language Acquisition Program (ELAP)**

School _____ Location Code _____ Local District _____

Contact Person _____ Telephone Number _____

Calendar: (Check one) Single Track 3-Track 4-Track Indicate Track: _____

Program: (Please complete an Intent To Offer Intervention for **each** program)

- ELP EIEP ESY Migrant
 Intersession ELAP ELAP Pull-in Support TSP (PI-Yr 1)
 Local Design: Grant supported (indicate Program Code) Reduce class size _____ Other _____

This form is due 3 weeks prior to the start of each intervention offered.

Grade	Subject	Start Date	End Date	# of Classes	Days Offered Start & End Time	Total Hours	Total # of Days
4 TH							
(Session 2)*							
5 TH							
(Session 2)*							
6 TH							
(Session 2)*							

***Session 2:** is for schools that offer more than one intervention session during the same period in order to accommodate more students.

Principal Signature

Date

FAX THIS FORM TO THE LOCAL DISTRICT INTERVENTION/TESTING COORDINATOR.