

School Year: _____

Assignment Monitoring and Review – _____ Proposed Misassignments

Deciles 1-3 Schools Monitoring – _____ Proposed Misassignments

QEIA School – _____ Proposed Misassignments

District: _____ Site: _____ Page: _____ of _____

Employee Name	Assignment	Credential Type	Remedy
#	EL Assignment	<input type="checkbox"/> Elementary _____	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
SSN:	<input type="checkbox"/> SDAIE (delivery method)	<input type="checkbox"/> Secondary _____	Description:
Unresolved misassignment:	<input type="checkbox"/> ELD (as content)	<input type="checkbox"/> Other _____	_____
	<input type="checkbox"/> Bilingual (primary language)	EL:	_____
		<input type="checkbox"/> CLAD	Date of
		<input type="checkbox"/> BCLAD	Correction: _____
		<input type="checkbox"/> 1969 / CCSD	
		<input type="checkbox"/> Other: _____	
#	EL Assignment	<input type="checkbox"/> Elementary _____	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
SSN:	<input type="checkbox"/> SDAIE (delivery method)	<input type="checkbox"/> Secondary _____	Description:
Unresolved misassignment:	<input type="checkbox"/> ELD (as content)	<input type="checkbox"/> Other _____	_____
	<input type="checkbox"/> Bilingual (primary language)	EL:	_____
		<input type="checkbox"/> CLAD	Date of
		<input type="checkbox"/> BCLAD	Correction: _____
		<input type="checkbox"/> 1969 / CCSD	
		<input type="checkbox"/> Other: _____	
#	EL Assignment	<input type="checkbox"/> Elementary _____	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
SSN:	<input type="checkbox"/> SDAIE (delivery method)	<input type="checkbox"/> Secondary _____	Description:
Unresolved misassignment:	<input type="checkbox"/> ELD (as content)	<input type="checkbox"/> Other _____	_____
	<input type="checkbox"/> Bilingual (primary language)	EL:	_____
		<input type="checkbox"/> CLAD	Date of
		<input type="checkbox"/> BCLAD	Correction: _____
		<input type="checkbox"/> 1969 / CCSD	
		<input type="checkbox"/> Other: _____	
#	EL Assignment	<input type="checkbox"/> Elementary _____	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
SSN:	<input type="checkbox"/> SDAIE (delivery method)	<input type="checkbox"/> Secondary _____	Description:
Unresolved misassignment:	<input type="checkbox"/> ELD (as content)	<input type="checkbox"/> Other _____	_____
	<input type="checkbox"/> Bilingual (primary language)	EL:	_____
		<input type="checkbox"/> CLAD	Date of
		<input type="checkbox"/> BCLAD	Correction: _____
		<input type="checkbox"/> 1969 / CCSD	
		<input type="checkbox"/> Other: _____	

Remedy Key Description:

- A. Individual removed, reassigned, retired, no longer working for district, or applied for, renewed or registered credential appropriate for assignment
- B. Obtained a credential waiver or applied for emergency permit
- C. Used an Education Code or Title 5 section assignment option
- D. Other (please specify the basis, i.e., clarification of assignment or appeal)