

School Year: \_\_\_\_\_

Assignment Monitoring and Review – \_\_\_\_\_ *Unresolved Misassignments*

Deciles 1-3 Schools Monitoring – \_\_\_\_\_ *Unresolved Misassignments*

District: \_\_\_\_\_ Site: \_\_\_\_\_ Page: \_\_\_\_\_ of \_\_\_\_\_

Employee Name	Assignment	Credential Type	Remedy
# SSN: Unresolved misassignment:	EL Assignment <input type="checkbox"/> SDAIE (delivery method) <input type="checkbox"/> ELD (as content) <input type="checkbox"/> Bilingual (primary language)	<input type="checkbox"/> Elementary _____ <input type="checkbox"/> Secondary _____ <input type="checkbox"/> Other _____ EL: <input type="checkbox"/> CLAD <input type="checkbox"/> BCLAD <input type="checkbox"/> 1969 / SB395 <input type="checkbox"/> Other: _____	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D Description: _____ _____ Date of Correction: _____
# SSN: Unresolved misassignment:	EL Assignment <input type="checkbox"/> SDAIE (delivery method) <input type="checkbox"/> ELD (as content) <input type="checkbox"/> Bilingual (primary language)	<input type="checkbox"/> Elementary _____ <input type="checkbox"/> Secondary _____ <input type="checkbox"/> Other _____ EL: <input type="checkbox"/> CLAD <input type="checkbox"/> BCLAD <input type="checkbox"/> 1969 / SB395 <input type="checkbox"/> Other: _____	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D Description: _____ _____ Date of Correction: _____
# SSN: Unresolved misassignment:	EL Assignment <input type="checkbox"/> SDAIE (delivery method) <input type="checkbox"/> ELD (as content) <input type="checkbox"/> Bilingual (primary language)	<input type="checkbox"/> Elementary _____ <input type="checkbox"/> Secondary _____ <input type="checkbox"/> Other _____ EL: <input type="checkbox"/> CLAD <input type="checkbox"/> BCLAD <input type="checkbox"/> 1969 / SB395 <input type="checkbox"/> Other: _____	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D Description: _____ _____ Date of Correction: _____
# SSN: Unresolved misassignment:	EL Assignment <input type="checkbox"/> SDAIE (delivery method) <input type="checkbox"/> ELD (as content) <input type="checkbox"/> Bilingual (primary language)	<input type="checkbox"/> Elementary _____ <input type="checkbox"/> Secondary _____ <input type="checkbox"/> Other _____ EL: <input type="checkbox"/> CLAD <input type="checkbox"/> BCLAD <input type="checkbox"/> 1969 / SB395 <input type="checkbox"/> Other: _____	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D Description: _____ _____ Date of Correction: _____

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)