



# LOS ANGELES UNIFIED SCHOOL DISTRICT REFERENCE GUIDE

**TITLE:** Procedures to Expand and/or Reconfigure a Magnet School/Center for the 2019-2020 School Year

**NUMBER:** REF-6473.4

**ISSUER:** Frances Gipson, Ph.D., Chief Academic Officer  
Division of Instruction

Keith H. Abrahams III, Executive Director  
Student Integration Services

**DATE:** January 9, 2018

**MAJOR CHANGES:** This reference guide replaces REF-6473.3 of the same title dated April 1, 2017. This reference guide provides an updated timeline.

**PURPOSE:** To provide the criteria and procedures required to expand and/or reconfigure a magnet school or center for the 2019-2020 school year. This Reference Guide describes the guidelines and application procedures for Los Angeles Unified School District (LAUSD) magnet programs, governed by the Board of Education.

**INSTRUCTIONS:** The following guidelines are provided for principals at magnet schools or centers interested in expanding and/or reconfiguring their magnet program.

**ROUTING**  
LD Superintendents  
Administrators of Instruction  
Administrators of Operations  
Magnet Principals  
Magnet Coordinators

## I. APPLICATION CRITERIA

- A. In order to be considered for expansion and/or reconfiguration, magnet programs must meet the minimum criteria as follows:
  - 1. Magnet program is meeting the District’s performance criteria.
  - 2. The number of students on the waiting list exceeds the magnet expansion request.
  - 3. Magnet program Norm Day enrollment must be at or near capacity.
- B. If school meets application criteria, Student Integration Services (SIS) will assess the benefits of proposed magnet expansion/reconfiguration as it relates to the District’s strategic plan.

## II. APPLICATION PROCEDURES

### A. Application Submittal

Principal completes Attachment A with the following information:

- 1. Current and proposed grade levels
- 2. Current and proposed program capacities
- 3. Current magnet enrollment



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4. Description of expansion and/or reconfiguration proposal (additional documentation may be submitted as needed)
5. Principal’s name and signature
6. Local District Superintendent’s name and signature (indicating support)

Submit to Student Integration Services via School Mail, FAX, or Email (See Attachment A) by June 1, 2018.

## B. Review/Approval Process

1. If school meets application criteria, SIS will forward Attachment B to Master Planning and Demographics (MPD) for evaluation of school facilities. MPD will use Capacity Assessment Summary to make determination.
2. If schools meets application criteria and facility assessment, SIS will forward Attachment C to the Superintendent’s office for final approval.

The application timeline is as follows:

<b>Expansion and/or Reconfiguration Timeline</b>	
June 1, 2018	Deadline to turn in the 2019-2020 application to expand and/or reconfigure a magnet school/center.
July-August 2018	SIS staff reviews the applications.
August 2018	SIS assesses reconfiguration applications. If approved, new grade configuration will be included in 2019-2020 Choices Brochure.
November 2018	Electronic Capacity Assessment Review (E-CAR) results are made available. SIS forwards Attachment B to MPD.
December 2018	SIS forwards Attachment C to Superintendent’s office for final approval.
January 2019	SIS notifies schools of expansion/reconfiguration approval/denial via an email.
January 2019	New magnet program capacity included in Electronic School Enrollment Forecast (E-CAST).

### **ASSISTANCE:**

For assistance or further information, please contact Felipe Echavarri, Secondary Magnet Coordinator, Student Integration Services at (213) 241-6532.



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ATTACHMENT A

## MAGNET SCHOOL/CENTER EXPANSION AND/OR RECONFIGURATION FORM

In order to place the information into the 2019-2020 Choices Brochure, the request must be submitted by June 1, 2018. This is one year prior to the year of planned implementation.

You may submit your request Attention: Felipe Echavarri

- School Mail – Student Integration Services, 25<sup>th</sup> Floor Beaudry Building
- FAX – (213) 241-8482
- Email – fecha1@lausd.net

### **To be completed by Magnet School/Center**

Host School Name \_\_\_\_\_ Cost Center Code \_\_\_\_\_

Magnet School/Center Name \_\_\_\_\_ Cost Center Code \_\_\_\_\_

Current Magnet Grade Levels \_\_\_\_\_ Proposed Magnet Grade Levels \_\_\_\_\_

Current Magnet Capacity \_\_\_\_\_ Proposed Magnet Capacity \_\_\_\_\_

Current Magnet Enrollment \_\_\_\_\_ Proposed year of implementation: **2019-2020**

Describe reconfiguration proposal and plan for implementation (additional documentation may be submitted as needed):

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Principal's Name \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

Local District Superintendent Support      YES  NO

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

For assistance or further information regarding this form, please contact Felipe Echavarri, Student Integration Services at (213) 241-6532. For questions regarding classroom space for expansion, please contact MPD at (213) 241-8044.



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ATTACHMENT B

**MAGNET SCHOOL/CENTER  
EXPANSION AND/OR RECONFIGURATION FORM**

**Student Integration Services will submit this attachment to  
Master Planning and Demographics (MPD)**

**Master Planning and Demographics Office Use only**

An assessment of space will be completed by MPD to determine if space is available to accommodate the additional students.

Classrooms available per E-CAR \_\_\_\_\_

Classrooms needed for capacity to increase \_\_\_\_\_

Assessment by Master Planning and Demographics:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommended \_\_\_\_\_

Not Recommended \_\_\_\_\_

Master Planning & Demographics \_\_\_\_\_

Date \_\_\_\_\_

Director's Signature



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ATTACHMENT C

**MAGNET SCHOOL/CENTER  
EXPANSION AND/OR RECONFIGURATION FORM**

**Student Integration Services will submit this attachment to Superintendent's Office**

**Student Integration Services Division Use Only**

- 1. District Performance Criteria Classification \_\_\_\_\_
- 2. Number of Waiting List Students \_\_\_\_\_
- 3. Capacity vs. Norm Day Enrollment \_\_\_\_\_
- 4. MPD Facility Assessment \_\_\_\_\_

Approved: \_\_\_\_\_ Date \_\_\_\_\_  
Student Integration Services Executive Director's Signature

Final Approval: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Superintendent's Signature