

Deaf/Hard of Hearing Scheduling Form

Student Performance Standards Rule: 6A-1.09401, F.A.C.
Florida Standards - Special Skills, 2014

School Name _____
Teacher of DHH _____ Personnel Type ESE Date Submitted _____
Submitted to _____ Personnel Type CRT/Curriculum AP

Courses and Course Numbers

Elementary	Middle	High
Expanded Skills PK-5 7763090 (non credit course) Speech and Auditory Training: PK-5 7763020	Expanded Skills 6-8 7863070 (non credit course) Speech and Auditory Training: 6-8 7863020	Expanded Skills 7963040 (.50 credit course, but can be made non credit by doing the following in Edit Master Schedule: - GRD/ATD tab – change credit amount to 0.00 - Put an “N” in the grading flag box Speech and Auditory Training: 6-8 7963180

Please indicate the **day(s)** and **start & end time(s)** of service(s):

Student Name _____ Student # _____ Matrix # _____
Monday Tuesday Wednesday Thursday Friday
: - : : - : : - : : - : : - :
10 Resource Room **77 Support Facilitation** **78 Consultation**
IEP DUE DATE: _____ TOTAL IEP MINUTES FOR THIS STUDENT: _____

Student Name _____ Student # _____ Matrix # _____
Monday Tuesday Wednesday Thursday Friday
: - : : - : : - : : - : : - :
10 Resource Room **77 Support Facilitation** **78 Consultation**
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Signatures: Teacher: _____
Data Entry: _____