

DISTRICT APPROVED SUBJECT SCHEDULING DATA COLLECTION FORM

ENTER ONLY 1 HOMEROOM PER SHEET - DO NOT MIX HOMEROOMS - Indicate the amount of time in minutes on each day of service

Your Name: _____

TSE#: _____

Note: This is not your EID#.

Homeroom Tch Name: _____

Std.#:			Indicate the amount of time in minutes per day(s)						
First Name:			Area of Instruction if not an LY stdt	Bldg/Rm	Mon	Tue	Wed	Thur	Fri
Last Name:									
Grade:									
Tier Level: 2 3 None									
LY Student	YES	NO							
If NO indicate Area of Instr.									

Std.#:			Indicate the amount of time in minutes per day(s)						
First Name:			Area of Instruction if not an LY stdt	Bldg/Rm	Mon	Tue	Wed	Thur	Fri
Last Name:									
Grade:									
Tier Level: 2 3 None									
LY Student	YES	NO							
If NO indicate Area of Instr.									

Std.#:			Indicate the amount of time in minutes per day(s)						
First Name:			Area of Instruction if not an LY stdt	Bldg/Rm	Mon	Tue	Wed	Thur	Fri
Last Name:									
Grade:									
Tier Level: 2 3 None									
LY Student	YES	NO							
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