

(Formerly ESE Resource/Inclusion Teachers)

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	Bldg/Rm	Mon	Tue	Wed	Thur	Fri
Last Name:	Language Arts						
Grade:							
Excep.being serviced:							
Tier Level: 2 3 None	Math						

Std.#:	Indicate the amount of time in minutes per day(s)						
First Name:	Area of Instruction	Bldg/Rm	Mon	Tue	Wed	Thur	Fri
Last Name:	Language Arts						
Grade:							
Excep.being serviced:							
Tier Level: 2 3 None	Math						

Std.#:	Indicate the amount of time in minutes per day(s)						
First Name:	Area of Instruction	Bldg/Rm	Mon	Tue	Wed	Thur	Fri
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