

2018-2019 Resource Teacher

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						
	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						
	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						
	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						
	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						
	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						
	Math						