

**Division of Special Education
Itinerant Vision Program
Class List and Schedule Form**

TEACHER _____ SIGNATURE _____ WEEK OF _____ TO _____

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7:30 - 7:45					
7:45 - 8:00					
8:00 - 8:15					
8:15 - 8:30					
8:30 - 8:45					
8:45 - 9:00					
9:00 - 9:15					
9:15 - 9:30					
9:30 - 9:45					
9:45 - 10:00					
10:00 - 10:15					
10:15 - 10:30					
10:30 - 10:45					
10:45 - 11:00					
11:00 - 11:15					
11:15 - 11:30					
11:30 - 11:45					
11:45 - 12:00					
12:00 - 12:15					
12:15 - 12:30					
12:30 - 12:45					
12:45 - 1:00					
1:00 - 1:15					
1:15 - 1:30					
1:30 - 1:45					
1:45 - 2:00					
2:00 - 2:15					
2:15 - 2:30					
2:30 - 2:45					
2:45 - 3:00					
3:00 - 3:15					
3:15 - 3:30					
3:30 - 3:45					

SCHEDULE LEGEND

A	B	C	L	P	T	TC
Adaptation	Braille	Consult	Lunch	Planning	Travel	Teacher Consult