

**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 |