



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
BLOCK SCHEDULE APPLICATION
(HIGH SCHOOL)

1. CO/DIST. CODE	SCHOOL DISTRICT NAME		
2. NAME AND GRADE SPAN OF SCHOOL UTILIZING A BLOCK SCHEDULE			
SCHOOL NAME			GRADE SPAN
3. NUMBER OF BLOCKS IN THE SCHEDULE	4. NUMBER OF MINUTES ASSIGNED TO EACH BLOCK	5. NUMBER OF UNITS OF CREDIT REQUIRED FOR GRADUATION	
6. NUMBER OF UNITS OF CREDIT REQUIRED FOR GRADUATION IN THE FOLLOWING SUBJECT-MATTER AREAS:			
	ENGLISH/LANGUAGE ARTS		FINE ARTS
	SOCIAL STUDIES		PRACTICAL ARTS
	MATHEMATICS		PHYSICAL EDUCATION
	SCIENCE		ELECTIVES
7. NUMBER OF CREDITS THAT WILL BE EARNED BY A TYPICAL STUDENT DURING A SCHOOL YEAR		8. MAXIMUM NUMBER OF CREDITS THAT CAN BE EARNED BY A STUDENT IN A SCHOOL YEAR	
9. NUMBER OF CLASSES A TEACHER IS ASSIGNED TO TEACH, E.G., IF ON A 10-BLOCK SCHEDULE, DOES THE TEACHER TEACH 8 BLOCKS, 9 BLOCKS, ETC.		10. NUMBER OF MINUTES OF PLANNING TIME A TEACHER HAS EACH WEEK (IF NUMBER OF MINUTES OF PLANNING TIME IS NOT THE SAME EACH WEEK, GIVE A 2-WEEK AVERAGE.)	
11. IS THERE A TYPE OF "HOMEROOM OR ACTIVITIES" PERIOD ASSIGNED TO STUDENTS IN THE BLOCK SCHEDULE?			
<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN.			
12. HOW IS CREDIT AWARDED FOR COMPLETION OF A BLOCK COURSE? IS A FULL-YEAR BLOCK COURSE GIVEN 1 UNIT OF CREDIT OR IS THE COURSE GIVEN A DECIMAL EQUIVALENT (.75 OR .80) BECAUSE OF LESS TIME BEING GIVEN TO THE COURSE.			
<input type="checkbox"/> 1 UNIT OF CREDIT <input type="checkbox"/> DECIMAL EQUIVALENT IF DECIMAL EQUIVALENT, PLEASE EXPLAIN.			
13. STUDENTS WILL MOVE INTO YOUR SCHOOL DISTRICT DURING THE SCHOOL YEAR HAVING PREVIOUSLY ATTENDED A SCHOOL THAT IS ON A TRADITIONAL 55/50 MINUTE, 6/7 PERIOD DAY. EXPLAIN THE PLACEMENT OF THESE STUDENTS IN THE BLOCK SCHEDULE.			

14. STUDENTS WILL MOVE FROM YOUR SCHOOL DISTRICT TO SCHOOL DISTRICTS THAT ARE ON TRADITIONAL 55/50 MINUTE, 6/7 SCHEDULES. WHAT INFORMATION ACCOMPANIES THE STUDENTS' TRANSCRIPTS EXPLAINING YOUR BLOCK SCHEDULE AND GRADUATION REQUIREMENTS? INCLUDE AN EXPLANATION SHEET IF ONE IS AVAILABLE, OR EXPLAIN BELOW.

15. USE THE SPACE BELOW OR A SEPARATE SHEET TO PROVIDE FURTHER INFORMATION YOU THINK IS IMPORTANT TO FULLY EXPLAIN OR DESCRIBE YOUR BLOCK-SCHEDULING PROGRAM.

SUPERINTENDENT SIGNATURE

DATE

**RETURN TO: John Weber, Director, School Improvement Technical Assistance
MO Department of Elementary and Secondary Education
P.O. Box 480
Jefferson City, Missouri 65102-0480**

DESE USE ONLY – DO NOT WRITE BELOW THIS LINE.

APPROVED - DIRECTOR, SCHOOL IMPROVEMENT TECHNICAL ASSISTANCE

DATE