

BUILDING SCHEDULE Date/Day in Building _____

**Note: Teacher/provider interviews are scheduled by LEA. Team members will be in some classrooms for a short period to see students.
ATTENTION LEA ONSITE CONTACT: RETURN COMPLETED SCHEDULE TO DESE TEAM LEADER ONE WEEK IN ADVANCE OF VISIT**

LEA:		BUILDING:		TEAM MEMBER:		
TIME	STUDENT	TEACHER	CASE MANAGER NAME	LOCATION (RM #)	INTERVIEW/OBSERVATION	SUBJECT
					<input type="checkbox"/> Interview <input type="checkbox"/> Observation	
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NOTE TO LEA: Please identify in the schedule above, the time, their student, and interview location for the following teachers/providers to be interviewed:

TEACHER/PROVIDER	GENERAL/SPECIAL ED AND CHECK IF THEY ARE CASEMANAGER	STUDENT OF THIS TEACHER	INDIVIDUAL OR GROUP INTERVIEW	SUBJECT
	<input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> CM		<input type="checkbox"/> Individual <input type="checkbox"/> Group	
	<input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> CM		<input type="checkbox"/> Individual <input type="checkbox"/> Group	
	<input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> CM		<input type="checkbox"/> Individual <input type="checkbox"/> Group	
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