

REDUCED SCHEDULE

District:	School Year:
Building/Program:	Count: <input type="checkbox"/> Fall <input type="checkbox"/> Spring

INSTRUCTIONS: Complete for all students that have reduced schedules.

Name (Last, First)	Grade	Annual Hours of Instruction Provided (must be at least 878.40)	Signed, written request stating that a reduced schedule is in the student's "best educational interest" submitted by parent/guardian <i>and</i> evaluated by District representative on file? (Y/N)	FTE
TOTAL FTE				