

Your rep: Jesus Peña
 V.M.# 818 - 759-7676 Ext. 12
 E-mail: jpenal6@lausd.net

CARLSON HOME/HOSPITAL SCHOOL
SUPPLEMENTAL HOME TEACHER WEEKLY SCHEDULE

Fax # 818 / 761-9947

Office # 818 / 509-8759

PLEASE FAX EVERY MONDAY MORNING

TEACHER'S NAME _____

PAGER/CELL _____

DATE: FROM _____ TO _____

STUDENT NAME	STUDENT PHONE NUMBER	MEDICAL EXP. DATE	MONDAY LUNES		TUESDAY MARTES		WEDNESDAY MIERCOLES		THURSDAY JUEVES		FRIDAY VIERNES	
			In	Out	In	Out	In	Out	In	Out	In	Out
WK #1			In	Out	In	Out	In	Out	In	Out	In	Out
WK #2			In	Out	In	Out	In	Out	In	Out	In	Out
WK #3			In	Out	In	Out	In	Out	In	Out	In	Out
WK #4			In	Out	In	Out	In	Out	In	Out	In	Out

To the best of our knowledge and belief, this form is true and accurate.

OFFICE ADMINISTRATORS:
 JOE SALVEMINI, PRINCIPAL - 818 759-7676 EXT. 3
 MARIANNE DIEHL, ASSISTANT PRINCIPAL - 818 759-7676 EXT. 81 & RAHELENE LINDAUER, ASSISTANT PRINCIPAL 818 759-8115 EXT. 35
 NURSES: JOY TAKAHASHI 818 759-7676 EXT. 6 & ROBIN SCHLEIFER 818 / 759-7676 EXT. 8

Teacher's Signature _____

INSTRUCTIONS:

1. Complete teacher information.
2. Indicate dates of week reported.
3. Print the name, if the student has a telephone number and medical expiration date of scheduled students.
4. Indicate the **beginning & ending** instructional time in each daily slot & have parent/guardian initial each one
5. Fax the projected Weekly Schedule to the Carlson office. **The schedule must be received by 8:00a.m., Monday.**
6. Notify your representative **immediately** of any changes in schedule.
7. Sign the Weekly Schedule & have student's parent/guardian sign at the end of the week & mail original to Carlson

Parent/Guardian Signature