

**St Lucie County Schools Exceptional Student Education
FTE Documentation Secondary Block Scheduling Form**

Student Name: _____

ID #: _____

Grade: _____

Primary ESE Teacher Completing Form: _____

Date: _____

Bell: _____

Course Qualifiers: Consultation – 222222S	A – Self Contained	Y-ASD Only Class	R – Resource (Pull-Out)	Excep.							
S – Support Facilitation (Push-in)	C – Co-taught (include Team Teach Training Code**)	RG – Resource Graded									

ADD Direct Services, Related Services, Itinerant, Self-contained, & Consultation*

WEEK	Course # & Qualifier	Sec #	ESE Teacher	Room #	Gen Ed Teacher Name	Effective date	ESE Subject	Periods (check bell schedule)	Days	Time From To	Per Week Mins	GRD Y/N
1									MTWRF			
2									MTWRF			
1									MTWRF			
2									MTWRF			
1									MTWRF			
2									MTWRF			
1									MTWRF			
2									MTWRF			

CHANGE in Days, Time or Mins ONLY

WEEK	Course # & Qualifier	Sec #	ESE Teacher	Room #	Gen Ed Teacher Name	Effective date	ESE Subject	Periods (check bell schedule)	Days	Time From To	Per Week Mins	GRD Y/N
1									MTWRF			
2									MTWRF			
1									MTWRF			
2									MTWRF			

Drop the following courses

WEEK	Course # & Qualifier	Sec #	ESE Teacher	Room #	Gen Ed Teacher Name	Effective date	ESE Subject	Periods (check bell schedule)	Days	Time From To	Per Week Mins	GRD Y/N
									MTWRF			
									MTWRF			
									MTWRF			

Verified by ESE Department Chair: _____ **Date:** _____

School Data Specialist: _____ **Date:** _____