LIFE SKILLS TRAINING (LST) IMPLEMENTATION SCHEDULE

LEVEL _____ GRADE _____

[Please insert the curriculum level (1, 2, or 3) and corresponding grade (6, 7, 8 or 9)]

Site:_____ Contact Person:_____ Date: _____

School(s)	Subject	Teacher	# of Students	Begin Date	End Date	Day(s) Taught	Time Taught

Please Submit at least 4 weeks prior to implementation in order to obtain approval for Curriculum Order
Curriculum Materials (Student Manuals) will not be sent if Schedules not received from ALL implementing teachers.

***Mail or Fax* to: Marty McConnell,**

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