

Please fill this out completely and send back to: amy\_vallone@boces.monroe.edu

DATE(S) OF VISIT	SCHOOL BUILDING	SCHOOL HOURS M-F
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

SCENARIO REQUESTED	GREAT LAKES MYSTERY
LEAD TEACHER NAME	_____
PHONE NUMBER	_____
EMAIL ADDRESS	_____

CLASS SCHEDULE PER DAY

DAY 1	DATE	TEACHER NAME	EMAIL ADDRESS	START TIME	END TIME
class 1					
class 2					
class 3					

☐ MANIFEST SUBMITTED

DAY2	DATE	TEACHER NAME	EMAIL ADDRESS	START TIME	END TIME
class 1					
class 2					
class 3					

☐ MANIFEST SUBMITTED

DAY 3	DATE	TEACHER NAME	EMAIL ADDRESS	START TIME	END TIME
class 1					
class 2					
class 3					

☐ MANIFEST SUBMITTED

DAY 4	DATE	TEACHER NAME	EMAIL ADDRESS	START TIME	END TIME
class 1					
class 2					
class 3					

☐ MANIFEST SUBMITTED

DAY 5	DATE	TEACHER NAME	EMAIL ADDRESS	START TIME	END TIME
class 1					
class 2					
class 3					

☐ MANIFEST SUBMITTED

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_