

TEAMS Schedule Change Form



Please place a check for each day and each session you wish to use the program for the corresponding week. A minimum schedule of 2 sessions/week is recommended.

Student's Name: _____

School: _____ Today's Date: _____

Please call the office @ (248) 726-3023 should you need assistance completing your monthly schedule change form.

Billing & Scheduling Period: January 2-February 1
Schedule Change Deadline: December 18 (by 5PM)

	mon	tues	wed	thurs	fri
Week of Dec. 31, 2018	12/31	1/1	1/2	1/3	1/4
I					
II					

	mon	tues	wed	thurs	fri
Week of Jan. 7, 2019	1/7	1/8	1/9	1/10	1/11
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	mon	tues	wed	thurs	fri
Week of Jan. 14, 2019	1/14	1/15	1/16	1/17	1/18
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	mon	tues	wed	thurs	fri
Week of Jan. 21, 2019	1/21	1/22	1/23	1/24	1/25
I		<input type="checkbox"/>			
II		<input type="checkbox"/>			

	mon	tues	wed	thurs	fri
Week of Jan. 28, 2019	1/28	1/29	1/30	1/31	2/1
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>