

**EARLY LEARNING SPECIALIST’S WEEKLY TIME SCHEDULE**

ELS’s name \_\_\_\_\_ Week of \_\_\_\_\_

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Name: _____ Time: _____ VISM: _____ Intro: <input type="checkbox"/> Rev: <input type="checkbox"/> Missed: <input type="checkbox"/> Reason: _____	Name: _____ Time: _____ VISM: _____ Intro: <input type="checkbox"/> Rev: <input type="checkbox"/> Missed: <input type="checkbox"/> Reason: _____	Name: _____ Time: _____ VISM: _____ Intro: <input type="checkbox"/> Rev: <input type="checkbox"/> Missed: <input type="checkbox"/> Reason: _____	Name: _____ Time: _____ VISM: _____ Intro: <input type="checkbox"/> Rev: <input type="checkbox"/> Missed: <input type="checkbox"/> Reason: _____	Name: _____ Time: _____ VISM: _____ Intro: <input type="checkbox"/> Rev: <input type="checkbox"/> Missed: <input type="checkbox"/> Reason: _____	Name: _____ Time: _____ VISM: _____ Intro: <input type="checkbox"/> Rev: <input type="checkbox"/> Missed: <input type="checkbox"/> Reason: _____
Name: _____ Time: _____ VISM: _____ Intro: <input type="checkbox"/> Rev: <input type="checkbox"/> Missed: <input type="checkbox"/> Reason: _____	Name: _____ Time: _____ VISM: _____ Intro: <input type="checkbox"/> Rev: <input type="checkbox"/> Missed: <input type="checkbox"/> Reason: _____	Name: _____ Time: _____ VISM: _____ Intro: <input type="checkbox"/> Rev: <input type="checkbox"/> Missed: <input type="checkbox"/> Reason: _____	Name: _____ Time: _____ VISM: _____ Intro: <input type="checkbox"/> Rev: <input type="checkbox"/> Missed: <input type="checkbox"/> Reason: _____	Name: _____ Time: _____ VISM: _____ Intro: <input type="checkbox"/> Rev: <input type="checkbox"/> Missed: <input type="checkbox"/> Reason: _____	Name: _____ Time: _____ VISM: _____ Intro: <input type="checkbox"/> Rev: <input type="checkbox"/> Missed: <input type="checkbox"/> Reason: _____
Name: _____ Time: _____ VISM: _____ Intro: <input type="checkbox"/> Rev: <input type="checkbox"/> Missed: <input type="checkbox"/> Reason: _____	Name: _____ Time: _____ VISM: _____ Intro: <input type="checkbox"/> Rev: <input type="checkbox"/> Missed: <input type="checkbox"/> Reason: _____	Name: _____ Time: _____ VISM: _____ Intro: <input type="checkbox"/> Rev: <input type="checkbox"/> Missed: <input type="checkbox"/> Reason: _____	Name: _____ Time: _____ VISM: _____ Intro: <input type="checkbox"/> Rev: <input type="checkbox"/> Missed: <input type="checkbox"/> Reason: _____	Name: _____ Time: _____ VISM: _____ Intro: <input type="checkbox"/> Rev: <input type="checkbox"/> Missed: <input type="checkbox"/> Reason: _____	Name: _____ Time: _____ VISM: _____ Intro: <input type="checkbox"/> Rev: <input type="checkbox"/> Missed: <input type="checkbox"/> Reason: _____
Name: _____ Time: _____ VISM: _____ Intro: <input type="checkbox"/> Rev: <input type="checkbox"/> Missed: <input type="checkbox"/> Reason: _____	Name: _____ Time: _____ VISM: _____ Intro: <input type="checkbox"/> Rev: <input type="checkbox"/> Missed: <input type="checkbox"/> Reason: _____	Name: _____ Time: _____ VISM: _____ Intro: <input type="checkbox"/> Rev: <input type="checkbox"/> Missed: <input type="checkbox"/> Reason: _____	Name: _____ Time: _____ VISM: _____ Intro: <input type="checkbox"/> Rev: <input type="checkbox"/> Missed: <input type="checkbox"/> Reason: _____	Name: _____ Time: _____ VISM: _____ Intro: <input type="checkbox"/> Rev: <input type="checkbox"/> Missed: <input type="checkbox"/> Reason: _____	Name: _____ Time: _____ VISM: _____ Intro: <input type="checkbox"/> Rev: <input type="checkbox"/> Missed: <input type="checkbox"/> Reason: _____
Name: _____ Time: _____ VISM: _____ Intro: <input type="checkbox"/> Rev: <input type="checkbox"/> Missed: <input type="checkbox"/> Reason: _____	Name: _____ Time: _____ VISM: _____ Intro: <input type="checkbox"/> Rev: <input type="checkbox"/> Missed: <input type="checkbox"/> Reason: _____	Name: _____ Time: _____ VISM: _____ Intro: <input type="checkbox"/> Rev: <input type="checkbox"/> Missed: <input type="checkbox"/> Reason: _____	Name: _____ Time: _____ VISM: _____ Intro: <input type="checkbox"/> Rev: <input type="checkbox"/> Missed: <input type="checkbox"/> Reason: _____	Name: _____ Time: _____ VISM: _____ Intro: <input type="checkbox"/> Rev: <input type="checkbox"/> Missed: <input type="checkbox"/> Reason: _____	Name: _____ Time: _____ VISM: _____ Intro: <input type="checkbox"/> Rev: <input type="checkbox"/> Missed: <input type="checkbox"/> Reason: _____