

Allen County Alternative Program
Short Term
Fax to: 419-222-2107

Assignment Sheet

Teacher: Please complete this form listing the student's assignments for your class during the time he/she is temporarily reassigned to Short Term at the Alternative Program. Please make a copy of this completed form as a record of what you have assigned before faxing to our office.

PLEASE DOUBLE THE AMOUNT OF WORK ASSIGNED.

Student: _____ School: _____

Teacher: _____ Subject: _____

Day 1 Date: _____ Date Due: _____ Completed Date: _____

Day 2 Date: _____ Date Due: _____ Completed Date: _____

Day 3 Date: _____ Date Due: _____ Completed Date: _____

Day 4 Date: _____ Date Due: _____ Completed Date: _____

Day 5 Date: _____ Date Due: _____ Completed Date: _____

Thank you for your assistance. If you have concerns/questions please call **419-222-1836 ext. 207.**