

CHICAGO POLICE DEPARTMENT

DATE: _____

SEMESTER
 FALL: _____ SPRING: _____

**DRUG ABUSE RESISTANCE
 EDUCATION TEACHING SCHEDULE**

ORIGINAL: _____ REVISED: _____
 Approving Supervisor (Print)

START DATE: _____
 COMPLETION DATE: _____

Forward to School Visitation Unit #441
 FAX # (312) 745 - 6980

Approving Supervisor (Signature)



Officer's First & Last Name: _____ Star No. _____ District/Unit: _____

Telephone (Bell): 312- _____ Pax.: _____ Cell: _____

NOTE: DARE Schedules must be made out for each semester (2 schedules per school year).

DISTRICT	SCHOOL NAME & ADDRESS	SCHOOL PHONE W/ AREA CODE	GRADE	ROOM	NO. OF STUDENTS	DAY OF THE WEEK	CLASS TIME	TEACHER'S NAME