

CHICAGO POLICE DEPARTMENT

DATE: _____

SEMESTER
 FALL: _____ SPRING: _____

**GANG RESISTANCE EDUCATION & TRAINING
 TEACHING SCHEDULE**

ORIGINAL: _____ REVISED: _____
 Approving Supervisor (Print)

START DATE: _____
 COMPLETION DATE: _____

Approving Supervisor (Signature)



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

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

NOTE: GREAT 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 |
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