

CHICAGO POLICE DEPARTMENT

DATE: _____

SEMESTER
 FALL: ☐ SPRING: ☐ SUMMER: ☐

OFFICER FRIENDLY PROGRAM 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: Officer Friendly Program 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