

Please complete one calendar for each Kindergarten schedule. Indicate the daily regular schedule for this calendar: AM Schedule PM Schedule Full Day Schedule

If full day schedule, indicate days of regular schedule: _____

QUESTIONS? Call 332-6840 or see our calendar manual available online (top left side of website) at www.sde.idaho.gov/financeandtechnology/forms.asp.

2009														
<u>JULY</u>					<u>NOVEMBER</u>					<u>MARCH</u>				
M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F
		1	2	3	2	3	4	5	6	1	2	3	4	5
6	7	8	9	10	9	10	11	12	13	8	9	10	11	12
13	14	15	16	17	16	17	18	19	20	15	16	17	18	19
20	21	22	23	24	23	24	25	26	27	22	23	24	25	26
27	28	29	30	31	30					29	30	31		
<u>AUGUST</u>					<u>DECEMBER</u>					<u>APRIL</u>				
M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F
3	4	5	6	7	1	2	3	4					1	2
10	11	12	13	14	7	8	9	10	11	5	6	7	8	9
17	18	19	20	21	14	15	16	17	18	12	13	14	15	16
24	25	26	27	28	21	22	23	24	25	19	20	21	22	23
31					28	29	30	31		26	27	28	29	30
2010														
<u>SEPTEMBER</u>					<u>JANUARY</u>					<u>MAY</u>				
M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F
	1	2	3	4					1	3	4	5	6	7
7	8	9	10	11	4	5	6	7	8	10	11	12	13	14
14	15	16	17	18	11	12	13	14	15	17	18	19	20	21
21	22	23	24	25	18	19	20	21	22	24	25	26	27	28
28	29	30			25	26	27	28	29	31				
<u>OCTOBER</u>					<u>FEBRUARY</u>					<u>JUNE</u>				
M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F
			1	2	1	2	3	4	5		1	2	3	4
5	6	7	8	9	8	9	10	11	12	7	8	9	10	11
12	13	14	15	16	15	16	17	18	19	14	15	16	17	18
19	20	21	22	23	22	23	24	25	26	21	22	23	24	25
26	27	28	29	30						28	29	30		

Holiday/Vacation (Use this symbol to show all days not in session.)

First & Last Days of School

Shortened Session

Staff Development

Decimal Equivalent

- Number of hours of instruction per **daily regular** session: _____ Hrs.
(REQUIRED: _____ Hrs. _____ Min.)
- Number of **regular** sessions of instruction planned: _____
- Total number of **regular** session hours of instruction: _____ Hrs.
(Line 1 x Line 2)
- Number of hours of instruction for **shortened sessions**: _____ Hrs.
(Total from below)
- Total hours of **staff development**: **(Total from below)** _____ Hrs.
(Up to 11 hours per session)
- Total hours of instruction planned during 2009-2010: _____ Hrs.
(Lines 3 + 4 + 5)
- State **minimum** hours required for **Kindergarten** students: _____ **450 Hrs.**

Shortened Sessions/Staff Development

Date	Shortened Sessions Instructed		Staff Development	
	Hours/Minutes	Decimal Equivalent	Hours/Minutes	Decimal Equivalent
Total				

(Line 4 Above)

(Line 5 Above)

 Name of District Contact for Calendar

 Phone Number