INSTRUCTIONAL SCHEDULE MATRIX

Name: _____

School: _____ **Date:** _____

Schedule of Activities										
Objectives										

***Recording Key:**
LM Grant

Circle of Inclusion, University of Kansas, Dept. of Special Education, 3001 Dole, Lawrence, KS 66045 (913)864-0685

New Address as of June, 2000: 521 JRPearson, 1122W. Campus Rd. Lawrence, KS 66045-3101 (785)864-0685