

D.A.R.E. SCHEDULE

Day of the Week Teaching _____

From: _____ To: _____

D.A.R.E. Officer _____

School District: _____

Agency: _____

Name of School: _____ Phone: _____

Agency Supervisor: _____

School Address: _____

Agency Supervisor Telephone Number _____

Principal: _____ Phone: _____

Number of Students: _____

(Denote) Elementary or Middle School Curriculum

DATE: Month/Date												# of Students	Cell or pager	NOTES
LESSON:	1	2	3	4	5	6	7	8	9	10				
Teacher's Name	Start Time:													

- If schedule changes or is extended, send a copy to your D.A.R.E. Regional Coordinator.
- Send original copy of this form NO LATER than the date for Lesson 2 to your Regional Coordinator. Canary - to your Supervisor. Pink - retain