**Alabama State Department of Education (ALSDE)**

Evaluation, Accountability and Support

Federal Programs Sections

21st Century Community Learning Centers (21st CCLC)

**Form 8: Projected Weekly Schedule**

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Modify and add rows as needed. Each activity should specify subject, location, and person responsible.

|  |
| --- |
| **21st CCLC Program at \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (school or site) After-School Schedule, Year \_\_\_\_\_\_\_** |
| **GRADES** | **TIME** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday****(HS only)** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |