

School: _____

Teacher: _____ Contact p: _____

e: _____ Room: _____ Year: _____ No. of Students: _____

Topic/Learning Intention: _____

Planning meeting set for ___ / ___ / ___

Unit planned
 Joint planning
 Supervision
 Team Teaching
 Self Managing

Day	Date	Time	SLC			WLC	Tutor Assigned <i>If multiple tutors</i>
			Syd	Lab	VC		
		-					
		-					
		-					
		-					
		-					
		-					

Service	Name	Cost Info	Cost	No of Students
Horizons				
Innovations Specialised Project				
Fixed School Booking				
Teacher Professional Learning				

Printing requirements/charges: * One copy A4 copy per student at no charge

Equipment requirements/charges:

Printing options	A4 B & W	A3 B & W	A4 Colour	A3 Colour	A4 Lamination	A3 Lamination	CD Rom
Cost	20c	40c	\$2	\$3.10	30c	50c	\$1
Requirements							

Tablets—Class set of 10 = \$35.80	Digital Cameras—Set of 4 = \$15.30	Video Camera = \$15.30

Office Use:

Date received: ___ / ___ / ___ Received By: _____ (initial) LC Staff member assigned: **MK / RM / MB / AC**

- Electronically booked (t/d) Times confirmed to school & on calendar
 Invoiced on System

