

2009 JSHS Lab Preferences

School Name

MONDAY, 2-2:50 p.m.

TUESDAY, 9-10:50 a.m.

Teacher Name

_____	_____	_____
1st	2nd	3rd
choice	choice	choice

_____	_____	_____
1st	2nd	3rd
choice	choice	choice

Student Name

_____	_____	_____
1st	2nd	3rd
choice	choice	choice

_____	_____	_____
1st	2nd	3rd
choice	choice	choice

Student Name

_____	_____	_____
1st	2nd	3rd
choice	choice	choice

_____	_____	_____
1st	2nd	3rd
choice	choice	choice

Student Name

_____	_____	_____
1st	2nd	3rd
choice	choice	choice

_____	_____	_____
1st	2nd	3rd
choice	choice	choice

Student Name

_____	_____	_____
1st	2nd	3rd
choice	choice	choice

_____	_____	_____
1st	2nd	3rd
choice	choice	choice

Please use large print and print clearly and fax back to me at 618-453-5680, or email your preferences to me at vsneed@siu.edu.