【附件二】

**花蓮縣○○國中(小)資源班(特教班)○○○教師課表**

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| --- | --- | --- | --- | --- | --- |
| 星期節次 | 一 | 二 | 三 | 四 | 五 |
| 18:35~9:15 |  |  |  |  |  |
|  |  |  |  |  |
| 29:25~10:05 |  |  |  |  |  |
|  |  |  |  |  |
| 310:30~11:10 |  |  |  |  |  |
|  |  |  |  |  |
| 411:20~12:00 |  |  |  |  |  |
|  |  |  |  |  |
| 午餐及午休12:00~13:10 |  |  |  |  |  |
| 513:20~14:00 |  |  |  |  |  |
|  |  |  |  |  |
| 614:10~14:50 |  |  |  |  |  |
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| 715:10~15:50 |  |  |  |  |  |
|  |  |  |  |  |
| 816:00~16:40 |  |  |  |  |  |
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**花蓮縣○○國中(小)一般巡迴輔導班○○○教師課表**

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| --- | --- | --- | --- | --- | --- |
|  星期節次 | 一 | 二 | 三 | 四 | 五 |
| 1明忠8:40~9:20大忠8:40~9:20森林8:35~9:15 |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 2明忠9:30~10:10大忠9:30~10:10森林9:25~10:05 |  |  |  |  |  |
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| 午休 |  |  |  |  |  |
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**花蓮縣○○國中(小)學前、視障、聽障巡迴輔導及情緒行為支援團隊**

**○○○教師個人服務學生概況一覽表**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **編號** | **學校** | **學生姓名** | **鑑輔會障礙類別** | **每週授課需求** | **備註** |
| 1 |  |  |  |  |  |
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| 15 |  |  |  |  |  |
| 16 |  |  |  |  |  |
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| 18 |  |  |  |  |  |
| 19 |  |  |  |  |  |
| 20 |  |  |  |  |  |