

Student Teaching Schedule

Name _____ Phone _____

Semester _____ Coordinator _____ Phone _____

Address while student teaching _____

School Placement _____ Date from _____ to _____

School Address _____

School District _____

Principal _____ Cooperating Teacher _____

School Phone _____

Subject (s) or grade(s) you are teaching _____

Teachers are required to be at your school by _____ and stay until _____

Time Class Begins	Class	Room or Location

Best Day(s) to Observe _____ Best Time(s) to Observe _____

Worst Day(s) to Observe _____ Worst Time(s) to Observe _____