STUDENT TEACHER CLASS SCHEDULE

This form is to be completed with the help of your Mentor Teacher and mailed (or given) to your University Supervisor by the end of your first week in each assignment. The purpose of the schedule is to allow the University Supervisor to make a tentative schedule of visitations.

Name of Student

Teacher_____

Student Teaching Address_____Phone_____
(where you will actually be residing during your student teaching experience)

Name of School_____Phone_____

Address of School_____

Name of Principal _____

Name/Email of Mentor Teacher: _____
First Middle Last

SCHEDULE

Hour	Room Number	Subject	Activity	Date you expect to begin teaching

Irregular schedules or special subjects (art, music, etc.) should also be recorded - indicate day and time

Please Indicate School Closing Dates:

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