**FORM A CLASS SCHEDULE**

To be given to your university supervisor by the end of the first week of student teaching.

Student’s Name Phone #

Address

School Phone #

Address

Cooperating Teacher Phone #

Grades

Principal/Asst. Principal’s Name

**SCHEDULE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Period/Times** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
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Time I have to be at school

Time I may leave school

Lunch hour (time)

Holidays (dates)