

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

Time I have to be at school _____

Time I may leave school _____

Lunch hour (time) _____

Holidays (dates) _____