

# STUDENT TEACHING IN-SCHOOL SCHEDULE

		MON	TUE	WED	THU	FRI
Student Teacher	_____	<b>Main Schedule</b>				
Address	_____					
City State Zip	_____					
Home Phone	_____	7				
Cell Phone	_____					
E-Mail Address	_____	7 30				
Other Information	_____	8				
	_____					
Cooperating Teacher	_____	8 30				
Room Number	_____					
Office No. & Phone	_____	9				
Cooperating Teacher	_____					
Room Number	_____	9 30				
Office No. & Phone	_____					
School	_____	10				
District	_____					
Administrator	_____	10 30				
School Address	_____					
City State Zip	_____	11				
School Phone	_____					
	_____	11 30				
<i>Directions to School</i>	_____	12				
	_____					
	_____	12 30				
	_____					
<i>Directions to Visitor Pkg</i>	_____	1				
	_____					
	_____	1 30				
	_____					
<i>Directions to Main Office</i>	_____	2				
	_____					
	_____	2 30				
	_____					
<i>Directions to Dept Office</i>	_____	3				
(and best time to call)	_____					
	_____	3 30				

On the schedule above, indicate: [1] Exact times classes begin and end, [2] subject/grade being taught, and [3] cooperating teacher(s) and room number (if different throughout the day).

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### Additional Notes

[illegible]

	MON	TUE	WED	THU	FRI
	Alternate Schedule				
7					
7 30					
8					
8 30					
9					
9 30					
10					
10 30					
11					
11 30					
12					
12 30					
1					
1 30					
2					
2 30					
3					
3 30					

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