

# Teacher Candidate On-Site Schedule

**Teacher Candidate:** After completing this form with your cooperating teacher, please give a copy to your university supervisor within the first two weeks of your start date.

Semester/Year: Date:

Student Teacher’s Name:

School Name: Principal’s Name:

Cooperating Teacher’s Name: ­­­­­­­­­­­­­­­­­­­­­­­­­­

CT’s Phone #: Email Address:

Grade Level: Subject:

First Day at Placement: \_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected Weekly Schedule:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Mondays | Tuesdays | Wednesdays | Thursdays | Fridays |
| Reporting Time: |  |  |  |  |  |
| Daily Schedule & Notes |  |  |  |  |  |
| Ending Time: |  |  |  |  |  |

Anticipated Final Day at Placement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Teacher Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cooperating Teacher Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_