

Schedule for Fall Semester (EDU 488/489, 588/589)

This form should be completed and copies submitted to the cooperating teacher, the school principal, and the college supervisor by the end of the *first week* of the Berry College semester. Any time a change is made in the arrangement of the hours attended, an amended form shall be submitted to the parties mentioned above, **before** the change goes into effect. Please show cooperating teacher's full name, rather than Mrs. Doe, or Mr. Doe.

A copy of the student teacher's college class schedule (printed from Viking Web) will be attached to this form for submission to the cooperating teacher, school principal, and college supervisor.

_____ *School*

_____ *Student Teacher Name: First MI Last*

_____ *Principal*

_____ *Major Minor*

_____ *Cooperating Teacher*

_____ *Address while student teaching*

_____ *School Phone*

_____ *Phone while student teaching*

_____ *Teacher email address*

_____ *Student teacher email address*

<i>Day of Week</i>	<i>Time of Attendance</i>	<i>Subject or period</i>	<i>Room Number</i>

_____ *Time of Lunch Period*

_____ *Time of Planning Period*

