WEEKLY TIME SCHEDULE FOR CLINICAL EXPEREINCE

Name_____ Phone _____ Week of_____
School _____ Cooperating Teacher_____
University Supervisor_____ Grade_____ Room # _____

Time		Tuesday		Thursday	

Please provide the classroom schedule. **Highlight** the classes you will teach and activities you supervise (recess, breaks etc). Also, make note of any special events for the week. On the reverse side, briefly explain the subject matter of the week / day, if known.

Reminder: You are to give a completed schedule to your college supervisor by Thursday of each week.