



Office of Field Placement/Certification

Secondary Education Schedule

**Complete form when schedule is known and return to your supervisor*

Email address		Cell Phone Number	
Student Teacher	()		Student's Home Phone Number
Cooperating School	()		Phone Number
School Address	City	State	Zip
Principal	Department Chair (If applicable)		
Cooperating Teacher	Grade		

List holidays, exam days, professional workshops, etc.: _____

(Notify your supervisor as soon as you are aware of any additional days you will not be teaching)

Period	Day/Time	Subject	Room	Cooperating Teacher

Return this form to your supervisor.