Class Schedule Form

Student teacher's name: _____

School name: _____

Clinical Teacher's name: _____

Grade level: _____ Subject(s): _____

Room Number: _____

***Daily Class* Schedule:** (Please put times NOT just class periods.)

Subjects	Times	Exceptions
Ex. Reading	***9:00-9:50***	***Monday –Library 9:20-9:45***

School Hours: _____

Lunch: _____

Recess: _____

Dates for independent teaching:

_____

Final day of Student Teaching: _____

Fieldtrips:

Testing Dates:

School Holidays/ (Staff Development):