# Student/Intern Teaching Schedule

Name: Click or tap here to enter text. Phone: Click or tap here to enter text.

E-Mail: Click or tap here to enter text.

Current Address: Street City, State Zip

School Name: Click or tap here to enter text. School Phone: Click or tap here to enter text.

School Street Address: Street City, State Zip

Location Where Visitors Check In: Click or tap here to enter text.

Dates of in-service, field trips, holiday vacations, etc. (include the school calendar if available): Click or tap here to enter text.

Schedule #1: Term/Day/Cooperating Teacher

**Note:** Include a complete schedule of all classes taught in the Agricultural Education Department along with times for lunch, prep, etc. Indicate date you expect to start teaching each class.

|  |  |  |  |
| --- | --- | --- | --- |
| Period | Times | Course/Activity | Starting Date |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |

Additional Schedule – for additional terms, rotations, cooperating teachers or special days. Add additional schedules as needed to cover all weeks of the student/intern teaching placement

Term/Day/Cooperating Teacher

|  |  |  |  |
| --- | --- | --- | --- |
| Period | Times | Course/Activity | Starting Date |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |