FALL PRACTICUM PLACEMENT SCHEDULE

Student Name: _____

Cooperating Teacher: _____

School: _____

Teacher email: _____

Teacher phone number: _____

Best time to reach cooperating teacher: _____

Schedule of Practicum Placement:

INCLUDE COMPLETE COOPERATING TEACHER SCHEDULE!! Use a highlighter to highlight the times when practicum student is in school.

Time	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
Period: **Time:**	Class: Room:	C: R:	C: R:	C: R:	C: R:
Period: **Time:**	C: R:	C: R:	C: R:	C: R:	C: R:
Period: **Time:**	C: R:	C: R:	C: R:	C: R:	C: R:
Period: **Time:**	C: R:	C: R:	C: R:	C: R:	C: R:
Period: **Time:**	C: R:	C: R:	C: R:	C: R:	C: R:
Period: **Time:**	C: R:	C: R:	C: R:	C: R:	C: R:
Period: **Time:**	C: R:	C: R:	C: R:	C: R:	C: R:
Period: **Time:**	C: R:	C: R:	C: R:	C: R:	C: R: