
STUDENT TEACHING PLACEMENT AND SCHEDULE

Complete and return to your university supervisor as soon as placement information is finalized.

Name: _____

License Area: _____

E-mail: _____

Home Phone #: _____

Student Teaching Experience Location:

School/Town: _____

Grade Level(s): _____

School Phone #: _____

Cooperating Teacher: _____

Cooperating Teacher's phone _____

Cooperating Teacher's e-mail _____

University Supervisor: _____

Teaching Schedule:

| | <u>Day/Time</u> | <u>Class</u> | <u>Room</u> |
|----|-----------------|--------------|-------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ |

Visitation Information:

You may email this document to Pat Nelson at nelsonpa@morris.umn.edu as an attachment. You may access this form at the following Web site: <http://www.morris.umn.edu/academic/education/seed/seed.html>.