**Teacher Candidate Placement Information**

*Provide this completed form to your University Supervisor at your earliest opportunity*



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| --- |
| Personal Information |
| Name |  |
| Address while student teaching |  |
| Telephone (best to call) |  | Email |  |
| School Information |
| Name of School |  |
| School Address |  |
| School Telephone |  | Principal |  |
| Cooperating Teacher |  | Email of CT |  |
| Placement Begins |  | Placement Ends |  |
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| --- | --- | --- | --- | --- |
| Period | Time | Subject | Grade | Room # |
| Before School |  |  |  |  |
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|  |  |  |  |  |
| After School |  |  |  |  |
|  |  |  |  |  |
| Best time to contact/meet |  |
| Dates during the placement that classes will not meet (vacations, testing days, conference days, inservice days,etc.) |
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| Employment outside of student teaching (include work schedule) |
|  |
| Other important information |  |
|  |  |

This document is prepared in a table format. Please tab into blank boxes to provide the appropriate information. Note: All schedules will vary. Provide general information only.