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STUDENT TEACHER & HOME PHONE

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COOPERATING TEACHER

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NAME OF SCHOOL & GRADE

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UNIVERSITY STUDENT TEACHING SUPERVISOR

<b>WEEKLY SCHEDULE SHEET</b>
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WEEK OF: \_\_\_\_\_ THROUGH: \_\_\_\_\_, 20\_\_\_\_

Submit this report each week, charting your plans for the coming week.  
Include lunch period on the schedule.

Room #	Period & Subj.	Time	NOTE THE LESSONS TO BE TAUGHT EACH DAY				
			Monday	Tuesday	Wednesday	Thursday	Friday

 Record any absences you had LAST week. (Specify the reason and amount of time missed).

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Document and describe briefly any extracurricular activities you participated in LAST week.

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**Student Teacher Signature**

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**Cooperating Teacher Signature**