

Due Week 1  
Date \_\_\_\_\_

## Student Teacher's Teaching Schedule

- Please indicate the classes you will pick up and the order in which you will pick them up. Be sure to include your lunch and planning times.

Student Teacher Name \_\_\_\_\_

Period	Time	Order	Course	Room	Cooperating Teacher
1					
2					
3					
4					
5					
6					
7					
8					
9					

1 copy – Keep for yourself

1 copy – Give to your cooperating teacher

1 copy – Give to NIU supervisor