



### Clinical Teacher's Weekly Schedule

Name: \_\_\_\_\_ District and School Site: \_\_\_\_\_

Please complete the below schedule and provide a copy to your field supervisor by the end of the 2<sup>nd</sup> day of your placement. This information below will assist you and your field supervisor in scheduling observations. *A weekly schedule must be provided to your field supervisor by the end of the 2<sup>nd</sup> day for each placement.*

Start/End Time	Room	Monday	Tuesday	Wednesday	Thursday	Friday

Revised 8-4-2020