



RIDER UNIVERSITY

Office of Field Placement/Certification

Elementary Education Schedule

**Complete form when schedule is known and return to your supervisor*

Email Address

Cell Phone Number

Student Teacher

(_____) _____

Student's Home Phone Number

Cooperating School

(_____) _____

Phone Number

School Address

City

State

Zip

Principal

Department Chair (If applicable)

Cooperating Teacher

Grade

List holidays, exam days, professional workshops, etc.: _____

(Notify your supervisor as soon as you are aware of any additional days you will not be teaching)

Approximate schedule followed in class - indicate special teacher.

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Return this form to your supervisor.