

STUDENT TEACHER RECORD CARD

TEACHER CANDIDATE NAME: _____ Date: _____
 (First) (Last)

HOME ADDRESS: _____
 (Street) (City) (State) (Zip)

PHONE: _____ EMAIL: _____

SCHOOL: _____ SCHOOL PHONE: _____

PRINCIPAL: _____ GRADE/SUBJECT: _____

COOPERATING TEACHER(S): _____

ARE YOU WORKING? _____ NO. OF HRS. PER WEEK: _____

ARE YOU TAKING CLASSES? _____ WHAT CLASS? _____

First Day Students Attend: _____

Period	Hour	Room	Monday	Tuesday	Wednesday	Thursday	Friday
1							
2							
3							
4							
5							
6							
7							
Ext. Curr.							

Arrival Time for Teacher: _____

Dates school will not be in session:

Dismissal Time for Teachers: _____

Date Reason

Arrival Time for Students: _____

Dismissal Time for Students: _____

Lunch Period: _____

Prep Period: _____
