(F015-a)

Lake Superior State University

Mentor Teacher Daily Class Schedule

Mentor Teacher Name_____School _____

Student Teacher Name_____ Semester_____

Enter the time schedule for your building and regular class schedule: update and file as necessary.

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

PLEASE NOTE: The student teacher is responsible for filling in this form and making copies for the supervisor and for the Student Teaching Notebook.