

UNIVERSITY OF WISCONSIN-WHITEWATER
OFFICE OF FIELD EXPERIENCES
2038 WINTHER HALL
WHITEWATER, WI 53190

SECONDARY STUDENT TEACHING WEEKLY SCHEDULE

NAME _____ WEEK OF _____
SCHOOL _____

TIME/ROOM	PERIOD	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					

Indicate by a cross mark days or times unsuitable for observation. Please indicate the room numbers of your classes. Send a copy of your teaching schedule to your University Supervisor on Friday of the preceding week.