LAKE SUPERIOR STATE UNIVERSITY

School of Education

# Mentor Teacher Daily Class Schedule Form F015

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