Ferris State University

PRE-STUDENT TEACHING FIELD EXPERIENCE SCHEDULE

To be completed by the student and submitted to the instructor.

Your Name: ________________________________________________________________

Field Experience School Name: _____________________________________________

School Telephone: _________________________________________________________

Mentor Teacher Name: _____________________________________________________

Mentor Teacher E-mail: _____________________________________________________

Mentor Teacher Planning/Prep Hour: _________________________________________

Class Title (s): ____________________________________________________________

Room Number: _____________________________________________________________

Schedule: (day(s) of week) __________________________________________________

(hours/times) _____________________________________________________________

COMMENTS:
________________________________________________________________________
________________________________________________________________________

INSTRUCTOR FOLLOW-UP (Instructor contacts mentor teacher during assignment.)

Progress Check: __________________________________________________________

________________________________________________________________________

Progress Check: __________________________________________________________

________________________________________________________________________

/FIELD EXPER SCHED FORM (SCHOOL WORK)
(Revised 4/03)