

SUNY OSWEGO CURRICULUM AND INSTRUCTION DEPARTMENT

**WEEKLY TEACHING SCHEDULE – ADOLESCENCE EDUCATION**

- PURPOSE:** To document the candidate’s anticipated weekly teaching schedule
- COMPLETION:** The candidate completes the Weekly Teaching Schedule. In week 1, the candidate shares the cooperating teacher’s master schedule. In each subsequent week, the candidate **highlights** classes / times when they will be actively teaching or co-teaching.
- SUBMISSION:** The candidate provides a copy of the completed Weekly Teaching Schedule for the upcoming week to the supervisor by the date and time indicated in the syllabus.

**Weekly Student Teaching Schedule for Week of \_\_\_\_\_ to \_\_\_\_\_**  
 (date) (date)

Candidate: \_\_\_\_\_ Cooperating Teacher: \_\_\_\_\_

School: \_\_\_\_\_

Add or delete rows as necessary.	Day →	Monday	Tuesday	Wednesday	Thursday	Friday
	Date →					
Period ↓	Location of Teaching → Time ↓					
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						

**Highlight** or shade classes to indicate when you will be engaged in independent or co-teaching.