



Angelo State University College of Education

WEEKLY TEACHING SCHEDULE

WEEK: \_\_\_\_\_ TO: \_\_\_\_\_

Clinical Teacher \_\_\_\_\_ Campus/Teacher \_\_\_\_\_

\*Highlight (yellow) the period, time, and activities during which you will be teaching a lesson. Please mark with a red star (\*) periods you would like to be observed. Please mark more than one period and more than one day per week when possible.

	TIME	RM	PLANNED ACTIVITIES
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			