

HARDING UNIVERSITY

STUDENT TEACHING FIRST DAY REPORT

NOTE: Return form to the Office of Professional Field Experiences, Box 12254, Searcy, AR 72149-2254 on the first day of student teaching.

NAME _____

HARDING P.O. BOX _____

SOC. SECURITY NUMBER _____

HARDING ID# _____

SCHOOL _____
(Name)

E-MAIL ADDRESS _____

(Street or Box)

MAILING ADDRESS WHILE STUDENT TEACHING

(City) (State) (Zip)

(Street or Box)

(Phone)

(City) (State) (Zip)

(Phone/Dorm/Rm.#)

PRINCIPAL _____

UNIVERSITY SUPERVISOR _____

SUPERINTENDENT _____

GRADE/
SUBJECTS _____ ROOM _____ PLANNING
PERIOD _____

TEACHER(S) _____
(Home Phone) (Name)

(Name) (Home Phone)

DAILY SCHEDULE (Show lunch and planning periods)

PERIOD	TIME	SUBJECT	TEACHER	ROOM	GRADE	NO. OF STUDENTS	DATE TO BEGIN TEACHING

COMMENTS: (Please give the holiday schedule for your school) _____

Office of Professional Field Experiences
Box 12254
Harding University
Searcy, AR 72149-2254

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