



COLLEGE OF EDUCATION HARDING UNIVERSITY

FIRST DAY REPORT: INTERNSHIP

Intern: _____ H#: _____

Harding Email: _____ Mailing Address: _____

COOPERATING TEACHER AND SCHOOL INFORMATION

Cooperating Teacher: _____ CT Email: _____

School & Address: _____ Grade: _____ Room #: _____

Principal: _____ Superintendent: _____

Planning Period: _____ School Holidays: _____

SCHEDULE INFORMATION

DAILY SCHEDULE (Show lunch and planning periods)

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

University Supervisor

University Supervisor: _____ Contact Info: _____

INTERN SIGNATURE: _____ Date: _____

DUE: First day of the placement
SUBMIT: Master of Arts in Teaching office or email to mat@harding.edu