University of Arizona

RESPONSIBILITY SCHEDULE Semester _____

STUDENT WILL FILL OUT A RESPONSIBILITY SCHEDULE FOR EACH PLACEMENT

- ***This form must be completed by the cooperating teacher and student teacher***
- ***Dates and responsibilities may change during the semester***
- ***Schedule must be approved by university supervisor***

Name_____ _____ Semester Year_____

School _____ Grade/Content _____

Please fill out the tentative schedule after reading your guidebook. You will become familiar with all aspects of the classroom and school environment. List the projected responsibilities you will assume each week. It is recommended the responsibilities be accumulative, leading up to the gradual responsibility for the entire day. You will have the co-responsibility for planning, classroom management and the instructional program.

Week of	Responsibilities

Student Teacher _____ Date _____

Supervising Practitioner_____ Date _____

University Supervisor _____ Date _____