

# METROPOLITAN STATE UNIVERSITY OF DENVER

*Student Teaching Office*

## DAILY CLASS SCHEDULE

To be completed by the student teacher and submitted to the university supervisor at the initial meeting. Include exact times and room numbers for start of all classes, beginning and end of the day and all break periods if appropriate.

Student \_\_\_\_\_ Licensure Area \_\_\_\_\_

School \_\_\_\_\_ Room No. \_\_\_\_\_

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Indicate the following dates:  
 Vacation days-holidays, fall break, off track, etc:  
 \_\_\_\_\_

Teacher Inservice, Parent Conference Days and Teacher Comp Days: \_\_\_\_\_