



Clinical Teacher Information Sheet

Last Name: _____ First Name: _____

School: _____ Grade/Subject: _____

Office Phone Number: _____ Room Number: _____

Address: _____

District: _____

Principal: _____ Phone Number: _____

Email: _____

Mentor Teacher Name: _____ Phone Number: _____

Email: _____

University School Liaison: _____ Phone Number: _____

Email: _____

Daily Schedule Time and Subject:

(You will need to attach a copy of your entire daily schedule, this includes planning periods).

Email: _____ Phone Number: _____

Hometown: _____

What do I need to know about you?

What is your goal for next year?

What help do you need from me?

This form is due to your Field Supervisor by Friday, January 24