



WE TEACH TEXAS

Providing a quality education workforce across the Texas Panhandle.

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, September 6