**ATU Internship II – Weekly Locator Form**

Please complete this locator form and turn it in on Blackboard by **Monday, August 22**

|  |  |
| --- | --- |
| Intern Name: |  |
| Intern T #: |  |
| Intern Email Address: |  |
| Supervising Teacher Name: |  |
| Supervising Teaching Email: |  |
| School: |  |
| Grade / Subject: |  |

**Teaching Schedule**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Period |  Time  | Monday | Tuesday | Wednesday | Thursday | Friday | Room # |
| 1st |  |  |  |  |  |  |  |
| 2nd |  |  |  |  |  |  |  |
| 3rd |  |  |  |  |  |  |  |
| 4th |  |  |  |  |  |  |  |
| 5th |  |  |  |  |  |  |  |
| 6th |  |  |  |  |  |  |  |
| 7th |  |  |  |  |  |  |  |
| 8th |  |  |  |  |  |  |  |

**IMPORTANT**: PLEASE KEEP THE ABOVE INFORMATION CURRENT WITH YOUR CAMPUS-BASED SUPERVISOR

**For ELED, fill in the times column only. Make sure you indicate when your planning time is.**