

NORFOLK STATE UNIVERSITY
CENTER FOR PROFESSIONAL DEVELOPMENT

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NSU is committed to excellence. Our ultimate goal is to procedure teachers who are competent, compassionate, cooperative, cooperative and committed leaders.

SCHEDULE OF ACTIVITIES

Submit only with the **FIRST** evaluation report of each **EXPERIENCE**.

_____	_____	_____	_____	_____	_____
Last Name	First	MI	Major	Semester	Grade/Level

Cooperating Teacher:	_____	_____	_____
	Last Name	First	MI
Principal:	_____	_____	_____
	Last Name	First	MI

School:	City:	State:	Tele: ()
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Hour	Number	Grade	Subject	Activity	Date when you expect to begin teaching each class or activity
			Lunch		

Notes: Irregular schedules such as "Activities Day" should be recorded on the back of this form. Indicate the days on which this special schedule is followed.
 Number of students in placement eligible for special education _____.