ADVANCE CLASSROOM INFORMATION FORM

FROM ASSOCIATE TEACHERS, FOR EDUCATION STUDENTS

Please print

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| --- |
|  Student Teacher:  |
| Associate teacher:Associate teacher’sE-Mail Address: Phone: |
| School: Address: |
| Dates: Grade(s): |
| Subjects to be Taught | Units, Topics, Books, Learning Materials etc. |

Class Composition (i.e.) Total number, grade/split grades, students with teaching assistants present, etc.

Special Events Occurring During This Time Period and Date(s):

E-mail to: Alicia Dalanyi at adalanyi@laurentian.ca