EDUC 114/ 1	15 Placement In	formation for Sche	duling Observa	<u>tions</u>	
NAME:			(1	(114) (115)	
EMAIL:					
PHONE:					
Intended are	a of Certification	n:			
SP	ED ENDORSEME	NT			
<u>Times Availa</u>	able for Visiting a S	chool: (No classes, no	work, no meet& i	nclude travel time)	
<u>Monday</u>	Tuesday	Wednesday	<u>Thursday</u>	<u>Friday</u>	
List your pre	vious placement	:s:			
EDUC: 114					
EDUC: 115-0	1				
I D	ESIRE A PLACEM	ENT IN SMYTH OR	WASHINGTON	COUNTY	
I PI	AN TO OBSERVI	E DURING SPRING/	FALL BREAK *		
_		S. LAWSON TO DISCUSS T HE RESPONSIBILITY		-NIT	
			I OI IIIL SIODI	.141.	
SPECIAL INST	RUCTIONS for C	onsideration:			
	that any change Mrs. Lawson.	es to assigned obse	ervation schedu	le must be	
Signature:					
Date					