

Foreign Language in Elementary Schools (FLES) Program Schedule Sheet

Name: _____
 Last Language Class Taken (Level): _____
 Age/Year in School: _____
 Do you have a car? _____ Yes _____ No
 Have you taught before? _____ Yes _____ No
 Did you team-teach with anyone? Would you like to continue with that person, if possible? Please name that person: _____
 Do you have a job that would interfere with you teaching in some way? _____
 Language you are able to teach: _____
 Will you be studying abroad this year and when? _____

Please fill out the schedule below. Cross out or label times that you are busy or cannot teach. With semester times not ending on the hour, please indicate the times you have class. Thanks!

Monday	Tuesday	Wednesday	Thursday	Friday
8:00				
9:00				
10:00				
11:00				
12:00				
1:00				
2:00				
3:00				