

## SUNY CORTLAND EDU 490

## STUDENT TEACHING SCHOOL FAMILIARIZATION FORM

Take a walking tour of the school, (either alone or with your mentor teacher or other student teachers), in order to become better acquainted with the various services and facilities of this school.

**ARE YOU FAMILIAR WITH:**

| YES | NO  |   |
|-----|-----|---|
| ___ | ___ | Method of handling daily attendance?                                  |
| ___ | ___ | Fire drill procedures?  |
| ___ | ___ | Special subjects schedules?   |
| ___ | ___ | Procedures for students to order lunch?                               |
| ___ | ___ | Procedures to handle injuries in the classroom/on the playground?     |
| ___ | ___ | Accident reports?   |
| ___ | ___ | Discipline procedures?  |
| ___ | ___ | Rules for duplicating?  |
| ___ | ___ | Ventilation, lighting and clean-up practice?                          |
| ___ | ___ | Responsibility on the playground?                                     |
| ___ | ___ | Lunchroom responsibilities?   |
| ___ | ___ | Hall duty?  |
| ___ | ___ | Procedures for excusing a student to leave school with an adult?      |
| ___ | ___ | Bus schedules and arrival and departure routines?                     |
| ___ | ___ | Field trip procedures?  |
| ___ | ___ | Procedures for a snow day or delay?                                   |
| ___ | ___ | The report card used for your students?                               |
| ___ | ___ | Schedule of faculty meetings?   |
| ___ | ___ | School holidays?  |
| ___ | ___ | Dates of parent-teacher conferences?                                  |
| ___ | ___ | The economic status of the school district, and vocations of parents? |

**CAN YOU LOCATE:**

| YES | NO  |                         |
|-----|-----|-------------------------|
| ___ | ___ | Library?                |
| ___ | ___ | Administrative offices? |
| ___ | ___ | Cafeteria?              |
| ___ | ___ | Auditorium?             |
| ___ | ___ | Gym?                    |
| ___ | ___ | Playground?             |
| ___ | ___ | Duplicating facilities? |
| ___ | ___ | Computer room?          |
| ___ | ___ | Audio-visual equipment? |

**DO YOU HAVE?**

| YES | NO  |  |
|-----|-----|--|
| ___ | ___ | A daily and weekly schedule?                     |
| ___ | ___ | A plan book?                                     |
| ___ | ___ | A teacher's copy of texts used in the classroom? |
| ___ | ___ | A school calendar?                               |

The home telephone number of your teacher is \_\_\_\_\_ and the school telephone number is \_\_\_\_\_.

Morning arrival time for teachers is \_\_\_\_\_ and for students is \_\_\_\_\_.

Afternoon departure time for students is \_\_\_\_\_ and for teacher is \_\_\_\_\_.

**Write down the names of the following people. If the school has no person currently occupying the position, write one.”**

Other teachers at your grade level \_\_\_\_\_

Principal \_\_\_\_\_

Person in charge if the principal is out of the building \_\_\_\_\_

Office secretaries \_\_\_\_\_

School nurse \_\_\_\_\_

Music teacher \_\_\_\_\_

Art teacher \_\_\_\_\_

Physical education teacher \_\_\_\_\_

Librarian \_\_\_\_\_

Guidance counselor \_\_\_\_\_

Psychologist or social worker \_\_\_\_\_

Speech teacher \_\_\_\_\_

Remedial reading teacher \_\_\_\_\_

Remedial math teacher \_\_\_\_\_

Resource room teacher \_\_\_\_\_

Custodian responsible for your room \_\_\_\_\_

Cafeteria manager \_\_\_\_\_