SAE Resource

Agriculture Education

SAE Visitation Form

DATE OF VISIT: ____________________ TIME OF VISIT: ____________________

STUDENT'S NAME: __________________________________________________________

WORKSITE: ______________________________________________________________

SUPERVISOR: _____________________________________________________________

SUMMARY OF SITE VISITATION

COMMENTS BY STUDENT/PARENT: (if applicable)

TEACHER COMMENTS: (Describe how student’s activities relate to instruction.)

RECOMMENDATIONS/NEXT STEPS:

__________________________________________ Date
Student's Signature

__________________________________________ Date
Parent's Signature

__________________________________________ Date
Teacher's Signature