Visitation Evaluation for SAE

Student Name____________________

Date __________________________

Time of supervision ______________

Type of SAE ____________________

1. Quality of SAE
   
   A. Are the facilities needed for the SAE in order?
   
   B. Is responsibility being exhibited in the SAE? (Care of animals, equipment, etc.)
   
   C. Is the record book being kept up to date?
   
   D. Are improvement practices being used with the SAE?
   
   E. Are SAE skills/proficiencies noticeable?

2. Recommendations for SAE Improvement
   
   A. ______________________________________
   
   B. ______________________________________
   
   C. ______________________________________
   
   D. ______________________________________

3. Overall evaluation of SAE (grade)
   
   Circle one:   A   B   C   D   F

4. Other Comments:

Instructor signature: _____________________________ Date ______________