



NAME		SITE	
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Activity Title / Description		Date		Completed / Attended [] Yes [] No
		Time		
		Total Hours		

Benefit to Professional / Program Development				
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Consultation Date w/ Principal		Principal's Signature		
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Activity Title / Description		Date		Completed / Attended [] Yes [] No
		Time		
		Total Hours		

Benefit to Professional / Program Development				
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Consultation Date w/ Principal		Principal's Signature		
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Consultation Date w/ Principal		Principal's Signature		
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Submit to your principal at the end of October, the end of January and the end of May.