

HOST TEACHER	DISTRICT/SCHOOL	GRADE/SUBJECT	
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DAY	DATE	RECORD DAILY ACTIVITIES	BRIEF REFLECTION ON THE DAY	HOST TEACHER SIGNATURE, DATE (Full Name)	Local FIAT Coordinator (Date, Initials)
Day 6					
Day 7					
Day 8					
Day 9					
Day 10					

Good FIT Student Signature _____

Date: _____