

HOST TEACHER	DISTRICT/SCHOOL	GRADE/SUBJECT	
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DAY	DATE	RECORD DAILY ACTIVITIES	BRIEF REFLECTION ON THE DAY	HOST TEACHER SIGNATURE, DATE <i>(Full Name)</i>	Local FIAT Coordinator <i>(Date, Initials)</i>
Day 6					
Day 7					
Day 8					
Day 9					
Day 10					
Day 11					
Day 12					

Good FIT Student Signature: _____ Date: _____