

# HE 250: Secondary Health Methods

## 10 Hours Required



Term: \_\_\_\_\_ Year: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Student's ID #: \_\_\_\_\_

Supervising Teacher's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Teacher's Email: \_\_\_\_\_ Class/Grade: \_\_\_\_\_

School's Name: \_\_\_\_\_

School's Location: \_\_\_\_\_

Please have your supervising teacher sign your time log sheet each time you visit the classroom.

**You must have a minimum of 10 hours.**

<b>Date:</b>	<b>Number of Hours:</b>	<b>Activity or responsibility:</b>	<b>Supervisor's Signature:</b>
<b>TOTAL</b>			