SCHEDULEI)
DATE:	_
TIME:	_

2019	Sui	pervise	ed A	gricul	tural	Exi	perience	Visit	Sch	eduling	Form
	5			511001	tal al		, 	VIDIO	<u> </u>	Cuuling	

Please answer the questions on both sides of this form

Student Name:

	DATE:
	TIME:
Vido	o Chot Vigita
· · · · · · · · · · · · · · · · · · ·	o Chat Visits: n is only open to approved students - 1st year FFA Members must have an in-person visit.
_	Would you be interested in doing a Virtual SAE Visit? YES NO
	Do you have an Iphone or Android?
	What number should Mrs contact you through for this?
•	Is there any reason you expect your visit to take over 30 minutes?
	 If yes, please explain why.
•	Is there anything Mrs needs to be aware of when she visits your SAE?
•	• (Example: Vicious Dog(s), House number not visible from the road or not
	on mailbox, bring safety equipment, etc.)
•	What are your learning objectives for your SAE(s)? (You should have at least
	three for each experience.)
In yo	ur future, do you plan to apply for:
	State FFA Degree
	American FFA Degree
	State Proficiency Award
	Other:
	Please answer the questions on both sides of this form
	Student Name:

SCHEDULED