

Good FIT Program Student Participation Log



GOOD FIT STUDENT		SEMESTER/YEAR	UNIVERSITY/COLLEGE	LOCAL FIAT COORDINATOR	
HOST TEACHER		DISTRICT/SCHOOL	GRADE/SUBJECT	PHONE/EMAIL	
DAY	DATE	RECORD DAILY ACTIVITIES	BRIEF REFLECTION ON THE DAY	HOST TEACHER SIGNATURE <i>(Full Name, Date)</i>	Local FIAT Coordinator <i>(Initials, Date)</i>
Day 1					
Day 2					
Day 3					
Day 4					
Day 5					

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					
Good FIT Student Signature: _____ Date: _____					