



*Technology is our middle name!*

**10 Hour Activity Log  
FULL TIME AIDE**

**Name:** \_\_\_\_\_ **Request #:** \_\_\_\_\_

**Activity:** \_\_\_\_\_ **Activity Location:** \_\_\_\_\_

**Facilitator/Supervisor Name:** \_\_\_\_\_ **# of Hours:** \_\_\_\_\_

Date of Activity:	Duration of Activity:	Facilitator/Supervisor Initial:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Upon completion, submit electronically to [schua@iu29.org](mailto:schua@iu29.org) or send through office mail to SP ED 2<sup>nd</sup> Fl.