

Name:

Class:

Date:

## **Activity 3.1A: Personal SAE Plan**

### **Instructions**

*Complete the following with your plan for starting or continuing your SAE.*

1. Occupational goal

Answer:

2. Do you have an SAE operational currently (yes or no)?

Answer:

3. Current activities to be used for SAE

Answer:

4. Desired SAE activities

Answer:

5. Resources available

Answer:

6. Resources needed

Answer:

7. Additional comments

Answer:

8. Anticipated date for SAE to be active

Answer:

9. Anticipated date for first SAE visit

Answer:

Student Signature

Answer:

Instructor Signature

Answer: