SCHOOL SITE: _____

# STEP Up After School Program

## VISITATION, SITE SUPPORT & ON THE JOB TRAINING LOG

| DATE | TIME IN | SUSD | Partner Agency | Other | PRINT NAME | REASON/PURPOSE FOR VISIT | TIME OUT |
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NOTES:

PROGRAM FACILITATOR'S SIGNATURE: _____ DATE: _____

****Sign, date & submit with Partner Staff Hour Report / If no visits, sign, date & submit blank with "No Visits" noted.**