

SENECA HIGHLANDS INTERMEDIATE UNIT 9  
Act 48 Sign-In Sheet

**Adopt an Educator 2023**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

PPID #: \_\_\_\_\_

Email: \_\_\_\_\_

**Complete Prep Lessons**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Act 48 hours awarded: 3.5**

**Conduct Company Visit**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Act 48 hours awarded: 8**

**Lesson Plan Prep**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Act 48 hours awarded: 2**

**Post Experience Reflection**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Act 48 hours awarded: 3.5**