West Seneca Central School District

Study Team Log

Study Team Title: _____

Facilitator: _____

Participant Name: _____ Participant's Signature: _____

Please use this log to keep track of your work as it relates to the original approved objectives and times outlined in the proposal. If you have any questions or comments, please contact the facilitator. Feel free to duplicate this form as needed and submit it with the team's finished work. Thank you.

Date	Start/Finish Time and Total Hours **(outside of the work day)**	Description of the Activity