

DUE ON OR BEFORE MAY 15

PLAN FOR SUPERVISED AGRICULTURAL EXPERIENCE

Student Name: _____

Date Submitted: _____

Address: _____

Phone: _____

For School Year: 2012-2013

For Year in Ag (Circle One): I II III IV

Type of S.A.E. (Circle all that apply):

- Placement:** Student works at an agricultural business, farm or non-profit facility
- Entrepreneurship/Project:** Student plans and conducts their own ag business or farm activity
- Research:** Student plans and conducts an agri-science research project
- Exploratory:** Student participates in job-shadowing activities, up to 25 hours per experience
- Improvement:** Student plans and conducts a project to improve the home or community

Explain your SAE in detail. Be sure to include a description of each project, including size/scope, hours worked weekly, planned work schedule, earning potential, work responsibilities, and possibility for expansion in the future.

List five (5) goals of your S.A.E. for this year. Goals should be specific, measurable and reflect skills, learning and achievement.

1. _____
2. _____
3. _____
4. _____
5. _____

Student Signature _____

Date _____

I agree to support my student in conducting their SAE program. I am aware that I may be liable for any injuries sustained by my child while participating in this experiential learning program.

Parent/Guardian Signature _____

Date _____

SAE Hours will not be accepted until all required documentation is on file.

Committee Use Only: Please check box to indicate appropriate required state forms.
 Structured Work-Based Learning Plan & U.P. Agreement
 LED 31-23
 LED 75
 Unpaid Work Experience Waiver