

CENTRAL HIGH SCHOOL
AGRICULTURAL EDUCATION DEPARTMENT

Student/Parent/Instructor SAE Conference Record

Name of Student: _____ Date: _____

Travel (miles) _____ Time: _____ to _____

SAE Category: _____

Description and observations of current SAE program:

Suggestions, comments and instruction offered to student:

Future needs, education, support and/or follow-up pertaining to experience:

Student's personal high school goals, post-secondary plans, and career goals:

Condition of records: Excellent Good Poor

Record Book areas to correct: _____

Other Notes:

Signatures:

Student: _____

Parent/Guardian: Employer:

Instructor: _____