

COACHING TIME SHEET

Peer Academic Coaching (PAC) Program

Office of Student Academic Support Services (SASS)
COM 210B

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Or

Latisha.Mccray@ucf.edu

Office: 407-266-1393

Name of Peer Academic Coach:

Print Name

Signature

Module/Subject Area:

Date:

All students who participated in the group or individual coaching session, must sign and print their name.

Print Name

Start/End Time

Signature

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

** Remember that you must still submit the UCF Employee Time Sheet to Shelia Ellison for your compensation**

Session Comments:

1. What was covered in today's session?

2. What was your suggestion/plan of action for student?

3. Any additional comments?
