

# COACHING TIME SHEET

## *Peer Academic Coaching (PAC) Program*

Office of Student Academic Support Services (SASS)

COM 210B

[Zoe.brown-weissmann@ucf.edu](mailto:Zoe.brown-weissmann@ucf.edu)

Office: 407-266-1392

Or

[Latisha.Mccray@ucf.edu](mailto: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?

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

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3. Any additional comments?

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