

Bridgeport Regional Aquaculture Science and Technology Education Center

Supervised Aquacultural Experience (S.A.E.) Grade 9 SAE Student Log

Student Name _____ SAE Advisor _____
 Marking Period _____ School Year _____ Sending School _____

SAE Type _____
 ___ Career Exploration ___ Aquaculture Literacy ___ Research –
 Experimentation/Analysis ___ Other _____
 (Please specify)

Time Invested in Skills Development	Documentation/Verification of Experience
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Date	Hours	Skills or Tasks Performed	*Verified by
Total hours for Marking Period			Advisor Initials

***Note:** To receive credit for completing the requirement, time spent fulfilling the student's SAE MUST BE VERIFIED by an employer, supervisor, instructor, or other responsible party. EACH signature must be accompanied by a printed name and phone number for verification purposes.