Arcadia Unified School District
Accountability Log
FACT Module D-Summary of Teaching Practice

Participating Teacher _____ Support Provider _____
Year: ☐ 1 ☐2 ☐Registered for units

Activities	Monthly Contact Record
Module D: Summary of Teaching Practice o Reflective Summary Question Guide o Reflective Summary of Teaching Practice **Turn in:** ☐ Module D Accountability Log ☐ D-2 Reflective Summary of Teaching Practice	**BTSA requires a minimum of 60 minutes weekly contact with SP.** **Additional Comments:**

Date	Outcome	Hours

We have completed **Module D: Summary of Teaching Practice**

_____ _____
Support Provider Signature Participating Teacher Signature

White copy – BTSA Office Yellow copy – Support Provider Pink copy – Participating Teacher