My American Farm Visit Planner

Name of Collegiate Organization

Classroom Teacher Name:       Teacher e-mail:

Teacher Phone Number:       Room Number/Location:

Grade Level:       Number of Students:

Date and time visit will occur:

**Classroom is equipped with the following:**

Computer  Projector and Screen

Internet Access

Permission Request Forms Needed?  Yes  No

Additional Notes/Comments Regarding Visit:

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| --- | --- | --- |
| **Call Log with Classroom Teacher** | | |
| Date | Items Discussed | Follow Up Actions |
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