



# English 550, 450, 1A

## Supplemental Instruction Verification Sheet

Student Name \_\_\_\_\_  
Last First

Chaffey I.D. # \_\_\_\_\_

English Instructor \_\_\_\_\_

Section # \_\_\_\_\_

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Only Directed Learning Activities, Workshops, and Study Groups count toward the 5-hour supplemental instruction requirement.

<p>Session #1</p> <p>Activity: <b>DIAGNOSTIC</b></p> <p>Center: _____</p> <p>Date: _____</p> <p>Staff Signature: _____</p> <p>Stamp:</p>	<p>Session #2</p> <p>Activity: _____</p> <p>Center: _____</p> <p>Date: _____</p> <p>Staff Signature: _____</p> <p>Stamp:</p>	<p>Session #3</p> <p>Activity: _____</p> <p>Center: _____</p> <p>Date: _____</p> <p>Staff Signature: _____</p> <p>Stamp:</p>
<p>Session #4</p> <p>Activity: _____</p> <p>Center: _____</p> <p>Date: _____</p> <p>Staff Signature: _____</p> <p>Stamp:</p>	<p>Session #5</p> <p>Activity: _____</p> <p>Center: _____</p> <p>Date: _____</p> <p>Staff Signature: _____</p> <p>Stamp:</p>	<p>Session #6</p> <p>Activity: _____</p> <p>Center: _____</p> <p>Date: _____</p> <p>Staff Signature: _____</p> <p>Stamp:</p>