Legacy High School

Supervised Agricultural Experience

1550 E. Crown Point Rd., Ocoee, FL 34761

www.hopecharter.org 407-656-4673

**Guidelines for Supervised Agricultural Experience (SAE)**

All Legacy Agriscience students are required to complete SAE hours shown in the chart below in order to fulfill class requirements. Qualifying SAE projects must be provided to organizations such as farms, ranches, greenhouses, plant nurseries, and aquaculture facilities. Agribusinesses could include veterinary centers, kennels, feed or seed stores, pet shops, florists, and garden centers. Agencies would include Cooperative Extension programs, Forest Service, wildlife and environmental agencies. Please check with Mr. Hill (david.hill@hopecharter.org) to be sure that your student's SAE is approved. Students should choose at least 2 different volunteer experiences (the more the better!) All students must complete 1/4 of their hours each 9 weeks marking period, and have this form turned into Mr. Hill on or before the deadline indicated below. This is a 50 point assignment. Each student will choose a group of 4 or 5, if the group as a whole turns in their hours early, then bonus points can be awarded as follows:

**1st quarter** **2nd quarter** **3rd quarter** **4th quarter**

**50 points** 10/2/17 12/11/17 3/5/18 5/14/18

**60 points** 9/25/1712/4/172/26/185/7/18

**70 points** 9/18/1711/27/172/19/184/30/18

**80 points** 9/11/1711/20/172/12/184/23/18

**90 points** 9/5/17 11/13/17 2/5/18 4/16/18

**100 points** 4/13/18

**3 hrs required 5 hrs required 5 hrs required 5 hrs required**

**Student section/ please print clearly**

Student's Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class Period \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/Time Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student's Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
| Date of Volunteering | Hours Served | Name of Agricultural Organization | Description of Service performed | Supervisor Signature of Organization/phone number |
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Please calculate hours and record below.

Total hours \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_