



Southridge Partnership Task Tracking

INSTRUCTIONS: For each day that you visit Southridge High School, please fill out one set of prompts. Include 1-2 sentences describing what you did for each activity. If you did not spend any time on one or more of the listed activities, simply write "N/A" to indicate that the prompt is not applicable.

Name: _____

Semester: _____

Date _____

Lecturing _____

Skills Training¹ _____

Collaborative Planning with Southridge Teacher² _____

Informal Q&A and Mentoring with Southridge Students³ _____

Other⁴ _____

¹ For example, teaching students how to take notes during a lecture, how to study for an exam, how to close read a text, etc.

² For example, meeting with your Southridge teacher and collaboratively planning future activities or lessons

³ For example, answering questions about college life, the college admissions process, UM student organizations, etc.

⁴ All other activities that do not fall into the other categories

Date _____

Lecturing _____

Skills Training _____

Collaborative Planning with Southridge Teacher _____

Informal Q&A and Mentoring with Southridge Students _____

Other _____

Date _____

Lecturing _____

Skills Training _____

Collaborative Planning with Southridge Teacher _____

Informal Q&A and Mentoring with Southridge Students _____

Other _____

Date _____

Lecturing _____

Skills Training _____

Collaborative Planning with Southridge Teacher _____

Informal Q&A and Mentoring with Southridge Students _____

Other _____

Date _____

Lecturing _____

Skills Training _____

Collaborative Planning with Southridge Teacher _____

Informal Q&A and Mentoring with Southridge Students _____

Other _____

Date _____

Lecturing _____

Skills Training _____

Collaborative Planning with Southridge Teacher _____

Informal Q&A and Mentoring with Southridge Students _____

Other _____

Date _____

Lecturing _____

Skills Training _____

Collaborative Planning with Southridge Teacher _____

Informal Q&A and Mentoring with Southridge Students _____

Other _____

Date _____

Lecturing _____

Skills Training _____

Collaborative Planning with Southridge Teacher _____

Informal Q&A and Mentoring with Southridge Students _____

Other _____

Date _____

Lecturing _____

Skills Training _____

Collaborative Planning with Southridge Teacher _____

Informal Q&A and Mentoring with Southridge Students _____

Other _____

Date _____

Lecturing _____

Skills Training _____

Collaborative Planning with Southridge Teacher _____

Informal Q&A and Mentoring with Southridge Students _____

Other _____

Date _____

Lecturing _____

Skills Training _____

Collaborative Planning with Southridge Teacher _____

Informal Q&A and Mentoring with Southridge Students _____

Other _____



Southridge Partnership UM Student Requirements

UM Student Name: _____ Southridge Class Title: _____

Teacher Name: _____ Semester: _____

*Activity	Date Completed	# of Hours	Teacher Signature
Lecture 1			
Lecture 2			
Lecture 3			
Curricular Enhancement 1			
Curricular Enhancement 2			
Curricular Enhancement 3			
Planning Meeting 1			
Planning Meeting 2			
Planning Meeting 3			
Planning Meeting 4			
Planning Meeting 5			
Direct Mentoring 1			
Direct Mentoring 2			
Direct Mentoring 3			



TOTAL HOURS:			

****Use empty rows as needed to track other activities and hours, e.g. additional lectures; informal mentoring sessions; extra time spent in the classroom; outside the classroom lesson planning; etc. For independent activities like research, no teacher signature is needed.***