

PEDIATRIC COACHING (page 1 of 3) Time Log

Your Name:_____

Date:

As you participate in Pediatric Coaching, please log the amount of time it takes you to complete **each** course activity. This information will be used to calculate the number of CEUs that will be awarded by ASHA & AOTA, so please make sure the information you enter on this form is <u>as accurate as possible</u>. Thank you!

Fax or email completed form to Attn: Education (954)385-4674 jpitts@interactivemetronome.com

Pediatric Coaching		
Module 1		
ACTIVITIES	TIME TO COMPLETE EACH TASK	
View Webinar	Minutes	
Homework • Worksheet	Minutes	
• Post-Test	Minutes	
Module 2		
ACTIVITIES	TIME TO COMPLETE EACH TASK	
View Webinar	Minutes	
HomeworkWorksheet	Minutes	
• Post-Test	Minutes	
Module 3		
ACTIVITIES	TIME TO COMPLETE EACH TASK	
View Webinar	Minutes	
Homework Worksheet 	Minutes	
• Post-Test	Minutes	

PEDIATRIC COACHING (page 2 of 3) Time Log

Your Name:_____

Date:_____

Module 4	
ACTIVITIES	TIME TO COMPLETE EACH TASK
View Webinar	Minutes
Homework	
Worksheet	Minutes
• Post-Test	Minutes
Module 5	
ACTIVITIES	TIME TO COMPLETE EACH TASK
View Webinar	Minutes
Homework	
Worksheet	Minutes
• Post-Test	Minutes
Module 6	
ACTIVITIES	TIME TO COMPLETE EACH TASK
View Webinar	Minutes
Homework	
Worksheet	Minutes
• Post-Test	Minutes
Module 7	
ACTIVITIES	TIME TO COMPLETE EACH TASK
View Webinar	Minutes
Homework	
	Minutes Minutes

PEDIATRIC COACHING (page 3 of 3) Time Log

Your Name:_____

Date:_____

Module 8	
ACTIVITIES	TIME TO COMPLETE EACH TASK
View Webinar	Minutes
Homework • Worksheet	Minutes
Post-Test	Minutes
Module 9	
ACTIVITIES	TIME TO COMPLETE EACH TASK
View Webinar	Minutes
Homework Worksheet 	Minutes
• Post-Test	Minutes
Module 10	
ACTIVITIES	TIME TO COMPLETE EACH TASK
View Webinar	Minutes
Homework	
Worksheet	Minutes
Post-Test	Minutes